

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27440

1. PLACE OF DEATH

County St CharlesTownship EmmieCity Wentzville (No.)Registration District No. 760Primary Registration District No. 4555File No. 1Registered No. 44

St. Ward)

2. FULL NAME

(a) Residence, No. Wentzville

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred 67 yrs. mos. ds.(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 17 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Mamie D. Bull (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville13. NAME Bull14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Carter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Mrs. Mamie Bull (ADDRESS) Wentzville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fun. Cem. DATE 9/2 193319. UNDERTAKER (ADDRESS) E. A. Smith20. FILED 8/3 1933W. C. Caldwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 193322. I HEREBY CERTIFY, That I attended deceased from Aug 28 1933 to Aug 30 1933I last saw him alive on Aug 30 1933 Death is saidto have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Paralysis

Date of onset

8/281933

Other contributory causes of importance:

Name of operation No Date ofWhat test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓ 1933Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Caldwell(Address) Wentzville Mo

M. D.

Copy of the