

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 26 1934

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

Do not use this space.

1. PLACE OF DEATH

County Scotland
Township Union
City Gorin, Mo.

Registration District No. 809
Primary Registration District No. 4487

File No. 42260
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. John William Pulliam
Gorin, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Pulliam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 6 19

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo

13. NAME Squire J. Pulliam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Rebecca Spacklett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Grace Pulliam
Gorin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont DATE Dec 24 1933

19. UNDERTAKER (ADDRESS) Gerth & Baskett
Gorin, Mo.

20. FILED Dec 23 1933 F. M. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1933, to Dec 22 1933
I last saw him alive on Dec 22 1933 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset _____

93D
71B
9301
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933
Where 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? No
If so, specify _____

(Signed) Don Pierce, M. D.
(Address) Gorin, Mo.

