

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.

MAR 24 1934

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

Do not use this space.

3956

1. PLACE OF DEATH

County Boone Registration District No. 79
Township Bowbon Primary Registration District No. 5116
City..... (No.) St. Ward)

File No.
Registered No.

2. FULL NAME Carr Gulick

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Minnie Gulick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1861</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>0</u>	DAYS <u>0</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Boone Co Missouri</u>		
FATHER	13. NAME <u>G. W. Gulick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leesburg Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Permelia Carr</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leesburg Virginia</u>	
17. INFORMANT <u>George Gulick</u> (ADDRESS) <u>Sturgeon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parish Cem.</u> DATE <u>Mar. 2, 1934</u>		
19. UNDERTAKER <u>Reuben Barnes</u> (ADDRESS) <u>Sturgeon, Mo.</u>		
20. FILED <u>Mar. 1, 1934</u> <u>E. N. Gentry</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934, to Feb 28, 1934
I last saw him alive on July 28, 1934 Death is said to have occurred on the date stated above, at 90 m.
The principal cause of death and related causes of importance were as follows:
Branchitis
Branchio Pneumonia Feb 20

Date of onset Feb 25

Other contributory causes of importance:
Branchio Pneumonia

Name of operation ✓ Date of.....
What test confirmed diagnosis? ✓ 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....., 19.....
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) A. R. McCarver, M. D.
(Address) Sturgeon, Mo

