

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cedar
 Township Box
 City Filly Missouri

Registration District No. 163
 Primary Registration District No. 5228

File No. 4257
 Registered No. 17
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 7/1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Filly Missouri
 (STATE OR COUNTRY)

13. NAME William Elmer Bullington

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

15. MAIDEN NAME Birdie Mae Read

16. BIRTHPLACE (CITY OR TOWN) Filly Missouri
 (STATE OR COUNTRY)

17. INFORMANT Wm. E. Bullington
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Cem. DATE 2-8- 1934

19. UNDERTAKER Maple Funeral Home
 (ADDRESS) Adelphi

20. FILED 2-10- 1934 W. Dawson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1934 to February 7, 1934

I last saw him alive on February 7, 1934. Death is said

to have occurred on the date stated above, at 8:34 m.

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

Cause of death
intercure
2.008

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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?

If so, specify _____

(Signed) _____

(Address) Stockton, Missouri

