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

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File No. 43676

Registered No. 366

1. PLACE OF DEATH

County: Marion — Registration District No. 547

Township: Mason — Primary Registration District No. 3029

City: Hannibal, Mo. (No. 1030 Lindell Ave. St. ..... Ward)

2. FULL NAME: Louise Pulliam

(a) Residence, No. 1030 Lindell Ave. St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Alonzo Pulliam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11, 1852

7. AGE — YEARS: 82 — MONTHS: 6 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Pike County, Mo.

FATHER

13. NAME: Joseph Hubert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): don't know

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Alonzo Pulliam, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Hope Cemetery DATE: Dec. 22, 1934

19. UNDERTAKER (ADDRESS): Roy P. Schwartz, Hannibal, Mo.

20. FILED: Dec. 22, 1934 R. W. Isbister, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:50 P. M.

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

	Date of onset
Myocarditis	

Other contributory causes of importance:

Dropsy (no doctor in attendance)

Name of operation: None 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? death Date of injury ....., 19.....

Where did injury occur? death Hannibal, Marion Co. Mo.
(Specify city or town, county, and State)

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

Manner of injury: Died suddenly in chair

Nature of injury:

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

If so, specify

(Signed) Cecil E. Schwartz, Coroner, M.D.

(Address) Hannibal, Marion Co., Mo.

NOTE: 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.