

FEB 15 1935

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

Do not use this space.

2046

1. PLACE OF DEATH

County Marion County
Township Johnson Twp.
City Wasson (No. _____)

Registration District No. 546
Primary Registration District No. 5735

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Robert Bullock

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth 36 yrs. mos. ds.

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 Wife
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11-1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) 1933 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo. U.S.A.

13. NAME Wm B. Bullock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

15. MAIDEN NAME Mary Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT Shaver C. Mosher (ADDRESS) Wasson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Southern Cemetery DATE Jan 7 1935

19. UNDERTAKER W. E. Schlicher (ADDRESS) St. James Mo.

20. FILED Jan 10 1935 Sam A. Warner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933, to Jan 2 1935
I first saw him alive on Jan 2 1935. Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Gastric ulcer

Name of operation None Date of _____

What test confirmed diagnosis? physical 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 none

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. A. Scott F. O. Anderson M. D.

(Address) St. James, Mo.

SEP 27 1943

9 120