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.

AUG 23 1935

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No. 24307
Township Central — Primary Registration District No. 60332 — Registered No. 704
City Clayton (No. St Louis Co Hosp St. Ward)

2. FULL NAME Belle Pullen
(a) Residence, No. Frisco Str. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) Eureka Mo.
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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-19-1882

7. AGE: YEARS 52 — MONTHS 0 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mother's Home
10. Date deceased last worked at this occupation (month and year) Apr 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glencoe Mo

FATHER
13. NAME: Piess Pullen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Francis Poyett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co, Mo

17. INFORMANT (ADDRESS): Francis Poyett Eureka Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allenton Mo DATE July 8 1935

19. UNDERTAKER (ADDRESS): Jno A Shields & Son Pacific Mo

20. FILED 7/9 1935 Dr A J Figarelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/1935 19

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 8 am m.
The principal cause of death and related causes of importance were as follows:

Patient in St. Louis County hospital since May 3rd, with history of fracture of neck of femur. Definite diagnosis not established. On opening over greater tracanter of left femur, found complete degenerative osteomyelitis of the greater trochanter

Date of onset

Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) Luke B. Turner 7/6/35, M. D.
(Address) 3718 Jennings Rd. Corner St Louis Co Mo

and lesser tracanter area, neck of femur and entire head of femur plus acetabulum. Laboratory diagnosis not net established, which will follow on further records.

This patient being epileptic for many years with talapesequines deformity since birth with epilepsy. History without question this is pathological fracture.

Secondary; Pulmonary congestion, toxemia, several weeks.