

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

Do not use this space.

MAR 21 1936

6116
934

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City

Registration District No.
 Primary Registration District No.
 (No. 3537 Euclid Avenue)

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Annie A. Pullman

(a) Residence, No. 3537 Euclid Avenue 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Pullman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 11, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	88	5	10	

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. Data 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) No record Virginia

FATHER 13. NAME Henry Studds

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record No record

MOTHER 15. MAIDEN NAME Janet Auld

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Scotland

17. INFORMANT Mrs. Edith Van Eman (ADDRESS) 3537 Euclid Avenue

18. BURIAL PLACE Elmwood Cemetery Kansas City, Mo. DATE Feb. 22, 19 36

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILE 9-22, 19 36 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to Feb. 21, 1936
 I last saw h. u. alive on Feb. 21, 1936 Death is said to have occurred on the date stated above, 2:30 P.m. 2:30
 The principal cause of death and related causes of importance were as follows:

Acute myocardial Failure

Date of onset Feb. 25

P. J. O.

Other contributory causes of importance:
Small degeneration of myocardium.

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?..... (S. ecify 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) Charles Brasier, M. D.
 (Address) 1103 Grand

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.

10-10-30
Via 2444

11-30-1930

OPERATED BY