

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.

MAR 24 1936

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

Do not use this space.

7191

1. PLACE OF DEATH

County Putnam
Township Curryville
City Curryville (No. _____)

Registration District No. 686
Primary Registration District No. 741D

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Bull</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1859-3-10</u>		
7. AGE <u>76</u>	YEARS <u>11</u>	MONTHS <u>18</u>
DAYS <u>18</u>		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) mo

13. NAME Frank Bull

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

15. MAIDEN NAME Harriet Gloscock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Richard Bull

18. BURIAL, CREMATION, OR REMOVAL

PLACE Curryville mo DATE 3-1- 36

19. UNDERTAKER (ADDRESS) W. J. Waters

20. FILED Feb 24 19 36 Miss Gene Hendrix Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 19 36

22. HEREBY CERTIFY, That I attended deceased from Feb 19 19 36 to Feb 28 19 36

I last saw him alive on Feb 28 19 36 Death is said

to have occurred on the date stated above, at 11:30 PM

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

Myocardial Infarction

Other contributory causes of importance:

Cerebral Thrombosis

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) J. A. Shurtz M. D.

(Address) Curryville mo

