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.

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

APR 27 1936

Do not use this space.

8811

1. PLACE OF DEATH
County Scott
Township Sarpywoods
City Near Blodgett, Mo. (No. ..... St. ..... Ward)

Registration District No. 815
Primary Registration District No. 6064

File No. .....
Registered No. .....

2. FULL NAME C A Bullard

(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 male
4. COLOR OR RACE W
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) Dec 16-1926

7. AGE YEARS 9 MONTHS 2 DAYS 3 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) Scott Co Mo

FATHER
13. NAME Clarence Bullard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Co Mo

MOTHER
15. MAIDEN NAME Nettie Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Clarence Bullard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Charleston Mo DATE 2/21 1936

19. UNDERTAKER (ADDRESS) John F. Neumeier or Blodgett Mo

20. FILED 2/29 1936 J F Neumeier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936, to Feb 19, 1936
(I last saw him alive on Feb 17, 1936. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

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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) C J Kranebelt, M. D.
(Address) Blodgett Mo