

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.

APR 23 1936

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

Do not use this space.

11882

75 24

1. PLACE OF DEATH

County Pitts

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No.)

File No.

Registered No. 668

St. Ward

2. FULL NAME

(a) Residence, No. 1107 E 9. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A. Pulliam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17, 1857

7. AGE YEARS 79 MONTHS 0 DAYS 20 If LESS than 1 day, hrs. 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) Kentucky

FATHER 13. NAME J. Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Sarah M. Lee

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

17. INFORMANT J. A. Pulliam (ADDRESS) Sedalia

18. BURIAL, CREMATION OR REMOVAL PLACE Smithton DATE 3-9 1936

19. UNDERTAKER Mc Laughlin Bros (ADDRESS) Sedalia

20. FILED 3/9/36 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3 1936, to March 7 1936

I last saw h. alive on March 7 1936. Death is said to have occurred on the date stated above, at 11⁰⁰ p. m.

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

chronic myocarditis with
coronary insufficiency
chronic interstitial nephritis
13

Other contributory causes of importance: chronic bronchial asthma 10 yrs

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? (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? no

If so, specify

(Signed) E. Jordan Stanfield M. D.

(Address) Sedalia, Missouri

