

OCT 23 1936

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

Do not use this space.

35090

1. PLACE OF DEATH

County Newberry  
Township Nesho  
City Nesho (No. \_\_\_\_\_)

Registration District No. 609  
Primary Registration District No. 4363

File No. \_\_\_\_\_  
Registered No. 109 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jerome Pullum

(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>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2 1920</u>		
7. AGE	YEARS <u>16</u>	MONTHS <u>24</u>
	DAYS <u>22</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>Student</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Student</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Nesho  
(STATE OR COUNTRY) Missouri

13. NAME Henry Pullum

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

15. MAIDEN NAME Georgia Jordan

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

17. INFORMANT Henry Pullum  
(ADDRESS) Nesho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 9-26 1936

19. UNDERTAKER Byham's  
(ADDRESS) Nesho Mo

20. FILED 9-25 1936 Onald Cole, M.D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1936 to Sept 24 1936  
I last saw him alive on Sept 21 1936 Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Acute Peritonitis from Enterocolitis with Mesenteric Thrombosis  
Sept 21  
Other contributory causes of importance: Improper diet

Date of onset

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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) M. D. Bowman, M. D.  
(Address) Nesho, Mo.

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.

