

NOV 23 1936

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

Do not use this space.

37212

1. PLACE OF DEATH

County.....DeKalb
Township.....Sherman
City.....

Registration District No. 254
Primary Registration District No. 5361
(No. St. Ward)

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

2. FULL NAME..... Adeline Pulley

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. D. Pulley

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1936, to Oct 28, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6-1879

I first saw her alive on Oct 28, 1936 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 6 22

to have occurred on the date stated above, at 7:30 a.m.

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

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

Chronic interstitial myocarditis

Other contributory causes of importance: Coronary Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo.

Name of operation Date of
What test confirmed diagnosis Was there an autopsy?

13. NAME Hiram Shingler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

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.

15. MAIDEN NAME Jane B. Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT W. D. Pulley (ADDRESS) Amity Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Amity Mo DATE 10/30-36 19

19. UNDERTAKER U. G. Pilcher (ADDRESS) Maysville Mo.

20. FILED 10-31 1936 Ethel B. Boone Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) Maysville Mo

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**

Do not use this space.

1. PLACE OF DEATH

County De Kalb
Township Sherman
City..... (No.....) St..... Ward.....

Registration District No. 238
Primary Registration District No. 5361

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

2. FULL NAME Adeline Pulley

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>			
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE	YEARS <u>57</u>	MONTHS <u>6</u>	DAYS <u>22</u>	If LESS than, if day, hrs. or min. <u>min.</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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) <u>De Kalb Co Ga</u>					
FATHER	13. NAME <u>Wiram Shingles</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Conalla</u>				
MOTHER	15. MAIDEN NAME <u>Jane B. Clark</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>				
17. INFORMANT <u>M. O. Pulley</u> (ADDRESS) <u>Amity mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amity mo</u> DATE <u>10/30</u> 19 <u>36</u>					
19. UNDERTAKER <u>W. G. Pilecher</u> (ADDRESS) <u>Mayville mo</u>					
20. FILED <u>Dec 21</u> 19 <u>36</u> <u>Mrs C. A. Davis</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1936, to Oct 28 1936

I last saw him alive on Oct 28 1936. Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Myocarditis (Date of onset 7e)

Other contributory causes of importance
Coronary Sclerosis

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) Dr. R. R. Reynolds M. D.
(Address) Mayville mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death in plain terms, so that it may be properly classified.

S-37212