Dr. McPheeters

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Butler — Registration District No.: 89 — File No.: 19583

Township: — Primary Registration District No.: 3007 — Registered No.: 143

City: Poplar Bluff (No. Lucy Lee Hospital St. Ward)

2. FULL NAME Virginia Mae Bullock

(a) Residence, No. 889 Maple Street 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

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) Poplar Bluff (STATE OR COUNTRY) Missouri

FATHER

13. NAME Elmer Bullock

14. BIRTHPLACE (CITY OR TOWN) Poplar Bluff (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Vira E. Kratzer

16. BIRTHPLACE (CITY OR TOWN) Ripley County (STATE OR COUNTRY) Missouri

17. INFORMANT Elmer Bullock (ADDRESS) Butler County, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Montgomery Cemetery DATE June 1, 1937

19. UNDERTAKER Greer Funeral Service (ADDRESS) Poplar Bluff Missouri

20. FILED 6/3/ 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to May 30, 1937

I last saw her alive on May 30, 1937 Death is said to have occurred on the date stated above, at 11 P.m.

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

	Date of onset
typhoid fever	

Other contributory causes of importance:

Name of operation None 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? No Date of injury, 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. McPheeters, M. D.

(Address) Poplar Bluff, 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.