

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

Do not use this space.

**JUN 17 1937**

**1. PLACE OF DEATH -**

1/4 County Callaway  
Township Callaway  
City Fulton (No.       )

Registration District No. 104  
Primary Registration District No. 3008

File No. 19625  
Registered No. 131  
St.        Ward       

**2. FULL NAME**

John Coleman Bullard

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 1870

| 7. AGE        | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|---------------|-----------|----------|-----------|----------------------------------|
| <u>17 1/2</u> | <u>66</u> | <u>4</u> | <u>17</u> |                                  |

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

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) Missouri

13. NAME Reuben H. Bullard

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

15. MAIDEN NAME Martha Selby

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

17. INFORMANT (ADDRESS) Mrs J. C. Bullard  
Fulton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Millers Creek Burial DATE May 10 1937

19. UNDERTAKER (ADDRESS) See by deceased  
Fulton, Missouri

20. FILED May 10 1937 R. N. Crews  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9 1937, to May 9 1937  
I last saw him alive on May 8 1937. Death is said to have occurred on the date stated above, at 2 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinomatosis

Date of onset 6 mths

Other contributory causes of importance:  
Primary to legs on  
medial fingers left hand,

Name of operation        Date of         
What test confirmed diagnosis? Microscopy as 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) M. B. Bullard, M. D.  
(Address) Fulton Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

