

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

Do not use this space.

21044

**1. PLACE OF DEATH**

County Pulaski Registration District No. 711  
Township Union Primary Registration District No. 5940  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 11  
Registered No. 11

**2. FULL NAME**

Sarah Missouri Pule  
(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** Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Pack Pule  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 6-28-1856  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 10 20 or \_\_\_\_\_ min.  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** House wife  
**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.** \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 18, 1937  
**I HEREBY CERTIFY** that I attended deceased from May 16 1937 to May 18, 1937  
I last saw her alive on May 18, 1937 Death is said

to have occurred on the date stated above, at 9 P.M.  
The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset 5/16/37  
mening  
1070  
Other contributory causes of importance:  
Markusson

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** md -  
**FATHER**  
**13. NAME** John Morrison  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** unknown  
**MOTHER**  
**15. MAIDEN NAME** Mary Creeper  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** unknown  
**17. INFORMANT (ADDRESS)** Pack Pule  
**18. BURIAL, CREMATION, OR REMOVAL** PLACE Sheppard DATE May 21, 1937  
**19. UNDERTAKER (ADDRESS)** Fred N. Gilbert  
**20. FILED** May 22, 1937 A. S. Lick Registrar

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) W. R. Pule M. D.  
(Address) Sheppard

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.

JUN 28 1937

