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JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Grundy ² Registration District No. 328
Township Linscomb ¹ Primary Registration District No. 5462
City Linscomb (No. _____) St. _____ Ward _____

File No. 23793

Registered No. _____

2. FULL NAME Katherine Pulliam Jason

(s) 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 (write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>80</u>	<u>10</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Grundy County
(STATE OR COUNTRY) Mo

13. NAME Stephen Pulliam

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

15. MAIDEN NAME Mary Cunningham

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

17. INFORMANT Mrs Frank Keenels
(ADDRESS) Wenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Martins Cemetery DATE 6-6-37

19. UNDERTAKER Lessa Norton
(ADDRESS)

20. FILED 6-4-37 Jench Jar
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/3/37 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15 1937 to June 3 1937

I last saw h. or alive on May 30 1937 Death is said to have occurred on the date stated above, at 9 AM.

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

Influenza Date of onset 5-1-37

Other contributory causes of importance:

Diarrhea

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was 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 _____, 1937

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) J. F. Jar M. D.

(Address) Wenton, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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