

SEP 25 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve
Township Union
City Farmington R.F.D. No. 4 (No. _____)

Registration District No. 934
Primary Registration District No. 6026

File No. 31680
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Farmington R.F.D. No. 4 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. William L. Pullen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 3 17

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

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) St. Genevieve County Missouri

13. NAME Mr. James Seel

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

15. MAIDEN NAME Miss Julia Corsett

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

17. INFORMANT (ADDRESS) Mr. Elza Pullen (Son) Farmington R.F.D. No. 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Union Cemetery DATE July 9 1937

19. UNDERTAKER (ADDRESS) Gloria W. Hood 2142 R. 1, Missouri

20. FILED 9-11-37 W. A. Kotte Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1937

22. I HEREBY CERTIFY That I attended deceased from June 4 1937 to July 7 1937
I last saw her alive on June 15 1937 Death is said to have occurred on the date stated above, at 6 p. m.

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

Septicemia, Osteomyelitis following fracture of left arm, which was not set Date of onset April 6 1937

Other contributory causes of importance:

Diabetes, nephritis and myocarditis 1937

Name of operation _____ 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 April 7 1937

Where did injury occur? Home (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home
Nature of injury Fell and broke arm a broke left arm

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) L. M. Stanfield M.D.

(Address) Farmington 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.

