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.

REC'D MAR 15 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Gentry
Township Cooper
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 310
Primary Registration District No. 5429A

File No. 129
Registered No. .....

2. FULL NAME William Thomas Pulsifer 421

(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: Male
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: Alice Day

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 1 - 1860

7. AGE: YEARS 76 | MONTHS 2 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McFall, Mo.

FATHER
13. NAME: Levi Pulsifer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Illinois

MOTHER
15. MAIDEN NAME: Sarah Harrod
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Missouri

17. INFORMANT (ADDRESS): Estill Pulsifer Darlington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rouse DATE: Feb. 17 1938

19. UNDERTAKER (ADDRESS): Brooks Funeral Home Albany, Mo.

20. FILED: March 4 1938 Mattie Hovid Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938, to Feb. 16, 1938
I last saw him alive on Feb. 14, 1938 Death is said to have occurred on the date stated above, at 7:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Feb. 10
Apoplexy	Feb. 1

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Other contributory causes of importance:

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) E. Blackford, M. D.
(Address) King City, Mo.

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