

REC'D MAY 16 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County W. Missouri  
Township Buffalo  
City (No. \_\_\_\_\_) \_\_\_\_\_Registration District No. 5402  
Primary Registration District No. 285File No. 14546  
Registered No. \_\_\_\_\_2. FULL NAME Ira Fate Pulley(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

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

✓

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

11-19-1900

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

37320

## 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.

## 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)

Sumner

## FATHER

## 13. NAME

James Alonzo Pulley

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

Sumner

## MOTHER

## 15. MAIDEN NAME

Mary Magdelina Hurwood

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

Mo.

## 17. INFORMANT (ADDRESS)

Carl Bramlett  
Cardwell, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Cardwell Mo. 3-11 1938

## 19. UNDERTAKER (ADDRESS)

Howard Undertaking Co.  
Cardwell, Mo.

## 20. FILED

5-10 1938 G. W. Wilson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 193822. I HEREBY CERTIFY, That I attended deceased from 3-1-38, 19\_\_\_\_, to 3-9-38, 19\_\_\_\_.I last saw him alive on 3-8-38, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Hy per trophy of Heart

Date of onset

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? NO

If so, specify

(Signed) A. T. Dempsey, M. D.257 (Address) Small 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.

