

REC'D SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Salem
City Seneath Mo. (No. _____) St. _____ Ward _____

Registration District No. 290
Primary Registration District No. 5408

File No. 28814
Registered No. 37

2. FULL NAME Deloris Lee Pulley

(a) Residence, No. Seneath Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
I 6 3

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.
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) Seneath Mo.

13. NAME Luther Pulley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Mo.

15. MAIDEN NAME Lucille Batchlar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarkston Mo.

17. INFORMANT Luther Pulley
(ADDRESS) Seneath Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lulu DATE July 20 1938

19. UNDERTAKER A. J. Emerson
(ADDRESS) Parasould Ark

20. FILED Sept 5 1938 A. D. McDaniel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12 1938 to July 19 1938, 1938
last saw him alive on July 19 1937, 1937. Death is said to have occurred on the date stated above, at 5.25 p m

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

Intoxication Date of onset June 25 38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? alcohol 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 _____, 1938

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 Alcohol
(Signed) W. E. P. [Signature], M. D.
(Address) Seneath 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.

1-22338-1-1-38314

