

NOV 15 1938

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

35223
Do not use this space.

1. PLACE OF DEATH

(a) County Biller Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 3007
(c) City Poplar Bluff (d) Street No. 204 W. Victor St. Registered No. 190
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kenneth E. Gullett

(a) Residence, No. 204 W. Victor St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Dec. 3, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 10 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as 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) Broseley 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Walter E. Gullett 0
14. BIRTHPLACE (CITY OR TOWN) Harriell 0
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Hazel Corder
16. BIRTHPLACE (CITY OR TOWN) Harriell
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. W. E. Gullett
(ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL
PLACE Male Hill DATE Oct. 8, 1938

19. FUNERAL DIRECTOR (NAME) Greer-Cox Serv.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 10/8 1938 Obitisinger
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3 - 1938 to Oct 7, 1938
I last saw him alive on Oct 6, 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Oct 3-1938
Date of onset

Other contributory causes of importance: 10/5

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
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 Yes
(Signed) J. P. Rucker M. D.
(Address) Poplar Bluff 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.

WILLIAMSON COUNTY, TENNESSEE

DEPARTMENT OF HEALTH

HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.