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.

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

Do not use this space.

FEB 20 1939

File No. 1028

Registration District No. 399

Primary Registration District No. 1002

Register's No. 41

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K. C. Mo. (No. ..., St. Joseph Hospital St. ..., Ward)

2. FULL NAME: Miles Bulger
(a) Residence, No. 5850 Ward Parkway 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine C. Bulger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10, 1877

7. AGE: Years 61 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cement Dealer
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): Kansas City, Mo. D

FATHER
13. NAME: Miles Bulger S
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland S

MOTHER
15. MAIDEN NAME: Bridget Cotter,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Katherine C. Bulger, 5850 Ward Parkway

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. St. Mary's DATE: Jan. 7, 1939

19. UNDERTAKER (ADDRESS): John W. Wagner, Kansas City, Mo.

20. FILED: Jan 5, 1939 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1935, to Jan 3, 1939.
I last saw him alive on Jan 3, 1939. Death is said to have occurred on the date stated above, at 7 05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Myocarditis.	
TSD	

Other contributory causes of importance:
Cerebral embolus
Embolism left auto. pedis
Gangrene - left foot - atty
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) Delos A. Williams, M. D.
(Address) 612 Ford Bldg