FEB 23 1939

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

Do not use this space.

2467

PLACE OF DEATH
County Holt
Township
City Forest City (No. ..... St. ..... Ward)

Registration District No. 370
Primary Registration District No. 4216

File No.
Registered No. 1

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2. FULL NAME Alice Belle Bullock

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
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: Wife of F.E Bullock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 7th, 1863

7. AGE: 75 YEARS; MONTHS: 5; DAYS: 12; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Dec, 20, 1938
11. Total time (years) spent in this occupation: 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairport New York

FATHER
13. NAME: Horace Chadwick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y

MOTHER
15. MAIDEN NAME: Rachel Comstock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): F.E.Bullock

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest City Mo. DATE: 1-22-1939

19. UNDERTAKER (ADDRESS): H.J.Pettijohn Oregon Mo.

20. FILED: Jany 22 1939 F.E. Bullock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1882, 19..., to Jan. 19th 1939, 19...
I last saw her alive on Jan. 19, 1939. Death is said to have occurred on the date stated above, at 10/30 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease — Date of onset: 20 years ago

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Other contributory causes of importance:
Acute influenzal infection. Dec. 15, 38
Hypertension of many years duration.

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

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) F.E. Bullock, M. D.
(Address) Forest City Mo.

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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.