

1939 JUN 13 1939

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

19998
Do not use this space.

1. PLACE OF DEATH
 (a) County Taney Registration District No. 859
 (b) Township Beaumont Primary Registration District No. 6128
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 407 Millard Bull
 (a) Residence, No. _____ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30th 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>34</u>	<u>8</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) (STATE OR COUNTRY) Taney County Mo.

13. NAME G. S. Bull

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

15. MAIDEN NAME Annis Clintkenbeard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo.

17. INFORMANT Char. Bull
(ADDRESS) R.R. #6 - Rose Dale, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Family DATE 6/8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Whitchell Edward Home
Trayson Mo.

20. FILED 6/7 1939 John A. Baxter
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/6 1939, to 6/6 1939, I last saw him alive on 6/6 1939. Death is said to have occurred on the date stated above, at 3:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Suicide - Gun shot in chest Date of onset 6/4/39

Other contributory causes of importance: None.

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 6/6 1939.
 Where did injury occur? Taney County Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Self inflicted
 Nature of injury gun shot in chest

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) A. T. Swann M. D.
Beaumont, Mo. (Address) 774

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.

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.