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.

OCT 9 1939

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

33082
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid — Registration District No. 604

(b) Township Lincoln — Primary Registration District No. 5805 — Registered No.

or

(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 450 Travis Pulliam

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

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): Dont Know

7. AGE: About 35 — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farm Work
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): Alabama

FATHER

13. NAME: B. F. Pulliam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

MOTHER

15. MAIDEN NAME: Alice Shipman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

17. INFORMANT (ADDRESS): George Pulliam

18. BURIAL, CREMATION, OR REMOVAL: Alabama
PLACE: Hennerfield DATE: Sept. 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Richards and Co New Madrid Mo

20. FILED 9/27, 1939 Wm O'Bannon 533
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939, to Sept 10, 1939

I last saw him alive on Sept 10, 1939. Death is said to have occurred on the date stated above, at 1:15 A.m.

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

Fracture of Base of Skull — Date of onset

Other contributory causes of importance:

Name of operation: none — Date of

What test confirmed diagnosis? ✓ — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury: Sept 9, 1939

Where did injury occur? Skull of New Madrid Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Public Highway

Manner of injury

Nature of injury: Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Claude McRaven, M. D.

(Address) Marston Mo

(Licensed Embalmer's Statement on Reverse Side)

210 M

RECEIVED
District Health Officer No. 2,
District File Number 039-236
Date Filed 10-4

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 Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

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

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

33082
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid — Registration District No. 604
(b) Township Lesueur — Primary Registration District No. 3805 — Registered No.
(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 Travis Pulliam
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	S

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33			

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19.... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1939

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

Fracture base of skull — Date of onset

Other contributory causes of importance:

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? Acc. Date of injury 9-9, 1939
Where did injury occur? Highway 61 New Madrid Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway 61
Manner of injury fell out of truck
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Claude Lee Ransom, M. D.
(Address) Marston Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.