

DEC 18 1939

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

40444
Do not use this space.

1. PLACE OF DEATH
 (a) County Demiseat 2 Registration District No. 653
 (b) Township 1 Primary Registration District No. 4390 Registered No. 100
 (c) City Hoyt (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 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jane PULLIATT
 (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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 5 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. home
 10. Date deceased last worked at this occupation (month and year) 10-18-39 11. Total time (years) spent in this occupation 2.5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston miss

FATHER
 13. NAME Tom Thompson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston miss

MOTHER
 15. MAIDEN NAME Amy Turner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va.

17. INFORMANT (ADDRESS) Mattie Clark
Manila, Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hoyt, Mo. DATE 11-19-39

19. FUNERAL DIRECTOR (ADDRESS) Hill Bros
Helbenry, Mo.

20. FILED 11-17-39 Pearl Kelley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-18-, 1939, to 11-15-, 1939
 I last saw her alive on 11-15-, 1939. Death is said to have occurred on the date stated above, at 3:45 p.m.
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis
hypertension
arteriosclerosis
myocardial insufficiency
 Date of onset _____

Other contributory causes of importance:
1938

Name of operation no Date of _____
 What test confirmed diagnosis? S&S 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) Ashtiney, M. D.
 (Address) Hoyt, 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.

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RECEIVED

District Health Officer No. 3,

District File Number 1239-73

Date filed 12/14/39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No. 2627

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)