NOV 20 1940

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

Do not use this space.

35965

1. PLACE OF DEATH
County Pemiscot
Township Braggadocio
City ..... (No. ..... St. ..... Ward)
Registration District No. 653
Primary Registration District No. 5871
File No. .....
Registered No. 96

2. FULL NAME Johnnie Clyde Pullam
(a) Residence, No. ..... 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. 18 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-13-1940
7. AGE YEARS MONTHS DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braggadocio Mo.

FATHER
13. NAME Johnnie Pullam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braggadocio, Mo

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

17. INFORMANT (ADDRESS) Johnnie Pullam Braggadocio. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Culp Cemetery DATE 10/28 1940
19. UNDERTAKER (ADDRESS) La Forge Ucd Co Southgrove, Mo
20. FILED 10/30 1940 Pearl Kelley Registrar 941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-28th 1940
22. I HEREBY CERTIFY, That I attended deceased from Oct-26th, 1940 to Oct-28th, 1940
I last saw him alive on 10/27, 1940. Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	—

159

Other contributory causes of importance:
None

Name of operation ..... 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? — 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?
If so, specify .....
(Signed) L. D. Denton M. D.
(Address) Braggadocio, 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.

11-40-16