

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

Do not use this space.

13152

**1. PLACE OF DEATH**

58 County Deann  
Township Benton  
City                      (No.                     )

Registration District No. 504  
Primary Registration District No. 4307

File No.                       
Registered No. 7  
St.                      Ward                     

**2. FULL NAME**

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Hill Pulliam  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1875  
7. AGE YEARS 56 MONTHS 8 DAYS 26 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. 235  
10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) High Lee (STATE OR COUNTRY) Missouri

13. NAME William Elston

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

15. MAIDEN NAME Lara Baker

16. BIRTHPLACE (CITY OR TOWN) High Lee (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. B. F. Cady (ADDRESS) Purdiesville

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdiesville DATE April 7 1932

19. UNDERTAKER Thorne Lusk Lee (ADDRESS)                     

20. FILED 4-7- 1932 W. C. Dryden Registrar.

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1932, to Apr 5 1932  
I last saw her alive on Apr 5 1932. Death is said to have occurred on the date stated above, at 11:49 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute uremia HB  
① HB  
Other contributory causes of importance: Influenza and arthritis  
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?                       
If so, specify M. P. Haring (Signed)                     , M. D.  
(Address) Brooming Mo.

MAY 23 5 1932

