

REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Henry

Registration District No.

14 5476

File No.

21962

Township

Windsor

Primary Registration District No.

4211

Registered No.

18

City

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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

M

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)

still born

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

None June 7 1938

OCCUPATION

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

None

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)

Windsor mo

13. NAME

Howard Bullock

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

Henry mo

15. MAIDEN NAME

Mary Ellen Houston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Henry mo

17. INFORMANT (ADDRESS)

Howard Bullock Calhoun mo RR 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calhoun mo

DATE

June 7 38

19. UNDERTAKER (ADDRESS)

Consolidated Beck Calhoun mo

20. FILED

June 7 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 7 1938

22. I HEREBY CERTIFY, that I attended deceased from

June 7 1938, to June 7 1938

I last saw him ~~alive~~ June 7 1938 Death is said

to have occurred on the date stated above, at 10:00 a.m.

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

Still Birth

Date of onset

Other contributory causes of importance:

Name of operation none

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

(Signed) Ray C. Jordan, M. D.

(Address) Calhoun 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.

