

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

Do not use this space.

13152

1. PLACE OF DEATH

58 County Dean Registration District No. 504
 Township Benton Primary Registration District No. 4307
 City (No. 5-661) St. B Ward

File No. _____
 Registered No. 7
 St. _____ Ward _____

2. FULL NAME

(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. 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 MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 26

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) (STATE OR COUNTRY) Sioux Falls Missouri

MOTHER FATHER 13. NAME William Elston

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

15. MAIDEN NAME Sarah Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sioux Falls Missouri

17. INFORMANT (ADDRESS) Mrs. B. F. Cady Purdie mo

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

19. UNDERTAKER (ADDRESS) Thorne Lusk Leo Francis, Missouri

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

3 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 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute uremia HB
 ① HB
 Influenza ext arthritis
 Date of onset _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Cerebral 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) M. L. Haring, M. D.
 (Address) Brownway Mo.

MAY 25 1932

