FEB 23 1928

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

Do not use this space.

2240

1. PLACE OF DEATH
County Ray — Registration District No. 914 — File No.
Township Grape Grove — Primary Registration District No. 6235 — Registered No. 3
City ~~Braymer~~ N Fd 3 (No. ..... St. ..... Ward)

2. FULL NAME Mary Frances Bullock
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F E
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: David Bullock

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 15 - 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	1	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

PARENTS
10. NAME OF FATHER: Samuel Blackwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N Car
12. MAIDEN NAME OF MOTHER: Mary McCarroll
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N Car

14. INFORMANT: Mr Dave Bullock
(Address): Braymer, Mo

15. FILED Jan 30 1928 W. E. Gant
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1928, to Jan 23, 1928, that I last saw her alive on Jan 31 1 Pm, 1928, and that death occurred, on the date stated above, at 3 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplex.
82A 74 Al
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) X
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
O DID AN OPERATION PRECEDE DEATH? No. DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X
(Signed) L R Colby, M. D
Jan 22, 1928 (Address) Norborne Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Hope Cem
DATE OF BURIAL: 1-25 1928

20. UNDERTAKER: B. F. Mead
ADDRESS: Braymer

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.

THIS IS A PERMANENT RECORD

1826 - 1 - 20
1857 - 12 - 15
70 - 1 - 6

[illegible]