

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 19 1931

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

Do not use this space.

40204
~~40114~~

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township St. Joseph, Primary Registration District No. 1001
 City (No. 2611 1/2 Lafayette) St. _____ Ward _____

2. FULL NAME Annie A. Bulmer,
 (a) Residence, No. 2611 1/2 Lafayette St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 1249

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 John J. Bulmer,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>7</u>	<u>22</u>	

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. Own Home,

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1931, to Dec 14, 1931
 I last saw her alive on Dec 9, 1931. Death is said to have occurred on the date stated above, at 12:15 p.m.

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

Myocardial Insufficiency
92A 92A
102

Date of onset unknown
own

Other contributory causes of importance:

Hypertension

12. BIRTHPLACE (CITY OR TOWN) Leeds,
 (STATE OR COUNTRY) England,

FATHER 13. NAME George Twivey,

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) England,

MOTHER 15. MAIDEN NAME Sarah Leach,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) England,

17. INFORMANT John J. Bulmer
 (ADDRESS) 2611 1/2 Lafayette Street,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ashland Cem. DATE Dec. 16, 1931

19. UNDERTAKER Theodor B. Gale of Bowman
 (ADDRESS) 319 S. 10th. St. Funeral Home

20. FILED DEC 16 1931
John R. Border
 Registrar.

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? no 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? no
 If so, specify _____

(Signed) Hustan Khan, M. D.
 (Address) Kirkpatrick Bldg

