

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

Do not use this space.

7161

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
Township Central Primary Registration District No. 6033  
City Clayton, Mo. (No. St. Louis Co. Hospital)

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Alice Bullock  
(a) Residence, No. 77 St., Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Premature Infant  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 2-24-1933  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** \_\_\_\_\_  
**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** \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 2-24 .1933  
**22. I HEREBY CERTIFY, That I attended deceased from** 2-24 1933, to 2-24 1933  
I last saw h. alive on 2-24- 1933. Death is said to have occurred on the date stated above, at 4:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Premature  
159 / 159  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis County Hospital Clayton, Mo.  
**13. NAME** Hartley Bullock  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Wierusa Ill.  
**15. MAIDEN NAME** Irene Ada Davis  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Royalton Ill.  
**17. INFORMANT (ADDRESS)** Mother Mrs Bullock Eugene Carterway, Overland Mo.  
**18. BURIAL, CREMATION, OR REMOVAL PLACE** Cate Hill DATE 3-1- 1933  
**19. UNDERTAKER (ADDRESS)** Louis H. Bopp, Hickwood Mo.  
**20. FILED** Jan 27 1933 R. W. Sullivan Registrar.

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? H. M. Gray 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) John A. Rogers M. D.  
(Address) St. Louis Co. Wash Clayton, 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.

RECORDING THROUGH THIS IS A PERMANENT RECORD

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