JUL 2 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Texas — Registration District No.: 1171 — File No.: 22916

Township: — Primary Registration District No.: 6145 — Registered No.:

City: Raymondville (No. ..... St. ..... Ward)

2. FULL NAME Naomia Lee Bullock

(a) Residence, No. ..... Raymondville 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Sp	W	—

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 - 1934

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	14	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymondville Mo

FATHER

13. NAME Elmer Bullock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

MOTHER

15. MAIDEN NAME Orva Hodson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

17. INFORMANT (ADDRESS) Elmer Bullock Raymondville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Chapel DATE July 1 1934

19. UNDERTAKER (ADDRESS) Neig Rhoad Eunice Mo

20. FILED June 30th 1934 Mrs Dora Gregory Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934, to June 29, 1934

I last saw her alive on June 27, 1934. Death is said to have occurred on the date stated above, at 3 A m.

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

Lobular Pneumonia

119 C

10 P

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W. D. Herron, M. D.

(Address) Houston, Mo

CAUSE OF DEATH in plain ...

#2 Texas.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Naomi Lee Bullock

Who died at _____ on June - 29 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F, Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months 3 Days 14

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Lobular Pneumonia
Followed an attack of (Bowel Trouble (Discolitis) only saw child when brought to me twice.

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician W. F. Herron - Houston Mo

(Signature of Registrar Mrs. Dora Gregory Raymondville Mo.)

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh MD.

Special Agent. K.

Reg. Dist. No. 1171

Primary Reg. Dist. 6145

S-22916