REC'D MAR 20 1938

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

Do not use this space.

2
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1. PLACE OF DEATH
54 County Lafayette — Registration District No. 461 — File No. 7211
6 Township — Primary Registration District No. 3024 — Registered No.
1 City Lexington (No. , St. Ward)

2. FULL NAME Shirley Ann Bullard 463

(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 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1937

7. AGE — YEARS: — MONTHS: 11 — DAYS: 10 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Council Bluffs, Iowa 1

FATHER
13. NAME Lloyd W? Bullard 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co., Mo. 0

MOTHER
15. MAIDEN NAME Thelma Jordon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo.

17. INFORMANT (ADDRESS) Lloyd W. Bullard Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Feb. 4, 1938

19. UNDERTAKER (ADDRESS) Winkler, Lexington, Mo.

20. FILED Feb 4 1938 F. B. Batts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1938, to Feb 2, 1938
I last saw her alive on Feb 2, 1938. Death is said to have occurred on the date stated above, at 10:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions from Gastro Intes. origin	2-1-38
Other contributory causes of importance: Rachitis	6 mo or more

Name of operation 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? 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) O. T. Ryland, M. D.
(Address) Lexington Mo
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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.