REC'D SEP 27 1938

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

29645
Do not use this space.

1. PLACE OF DEATH
(a) County Jemiscot
(b) Township
(c) City Caruthersville
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 651
Primary Registration District No. 4388
Registered No. 87

2. PRINT FULL NAME Hiram John Bullock 420
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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) May 14, 1882
7. AGE YEARS 56 MONTHS 2 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Common Labor
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Indiana

FATHER
13. NAME John J. Bullock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Cora Meylin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Leon Bullock Caruthersville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville, Mo. DATE Aug. 10 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) La Forge Und. Co. Caruthersville, Mo.
20. FILED Sept 3 1938 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH 3:00 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938, to Aug. 10, 1938
I last saw him alive on Aug. 9, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:
Aortic Insufficiency
9 J W

Date of onset

Other contributory causes of importance:
chronic bronchial asthma

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? no
If so, specify .....
(Signed) G. W. Phipps, M. D.
(Address) Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. L. La Forge

Licensed Embalmer No. 3082

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.