

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 11 1941

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 8.

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Cape Girardeau (On R.R.)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
S. E. Mo. Hosp. - Cape Gir., Mo. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 (Specify whether
 In this community all his life
 years, months or days)

3. (a) PRINT FULL NAME Mr. HENRY PULLIAM8. (b) If veteran, name war no 8. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Jane Pulliam 6. (c) Age of husband or wife if alive 88 years
 7. Birth date of deceased Feb. 10, 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
96 6 23 hr. _____ min.9. Birthplace Bollinger County Mo. 1.
 (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Mr. Calvin Pulliam
 13. Birthplace North Carolina
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Pulliam
 15. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. N. Phillips
 (b) Address Mullersville, Mo.17. (a) Pulliam Co. (b) Date thereof 9-7-41
 (Burial, cremation) (Month) (Day) (Year)(c) Place: burial or cremation Pulliam Co.18. (a) Signature of funeral director Baber Funeral Home
 (b) Address Lutesville, Mo.19. (a) 9-7-41 (b) W. N. Phillips
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Bollinger
 (c) City or town Scapin
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th
 year 1941 hour 1 minute 50 P.M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.Immediate cause of death Respiratory failure Duration _____Due to Cerebral edema 48 hr.Due to Hypertension 18 hr.Other conditions prostatic carcinoma
 (Include pregnancy within 3 months of death) 3rd P.O. DayMajor findings: Hypertrophic prostate Underline the cause to which death should be charged statistically.
 Of operations _____
 Of autopsy 137a

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 while at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. E. Ruff (M. D. or other) MD
 Address Jackson Mo Date signed 9-5-41

NOV 14 1941

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. E. Graham
Licensed Embalmer No. 4010
P. O. Address Lutesville, Mo.

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

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