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

Do not use this space.

31740

1. PLACE OF DEATH

County St. Francois Registration District No. 775 File No.
Township Perry Primary Registration District No. 6070 Registered No. 71
City (No.) St. Ward)

2. FULL NAME Vester Bull

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Sept 10 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 1 8 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Bonnetee (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Bert Bull

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Capri (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Byington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

14. INFORMANT Bert Bull (Address) Bonneville Mo

15. FILED 9/11 1929 T. A. Dow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-60 1929

17. I HEREBY CERTIFY That I attended deceased from Sept 9 1929 to Sept 9 1929 that I last saw him alive on Sept 9 1929, and that death occurred, on the date stated above, at 8 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurely Born
139 5 months 3 weeks

CONTRIBUTORY (SECONDARY) NO (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED None IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS (Signed) Lee Sturley M. D.

9-17, 1929 (Address) Bonnetee Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonnetee Cemetery DATE OF BURIAL 8-11 1929

20. UNDERTAKER P. A. Berhorn ADDRESS Bonnetee

PARENTS

