JUL 27 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22443

1. PLACE OF DEATH

County St Francois Registration District No. 775 File No.

Township Perry Primary Registration District No. 6040 Registered No. 51

City Bonne Terre (No. St. Ward)

2. FULL NAME Mary Mahala Pullen

(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. 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) Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edmond D Pullen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 - 1838

7. AGE Years 90 Months 8 Days 1 If LESS than 1 day, ... hrs. or ... min.

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) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mason City

(STATE OR COUNTRY) West Virginia

PARENTS

10. NAME OF FATHER Gideon Hinkle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mason City

(STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Don't known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mason City

(STATE OR COUNTRY) West Virginia

14. INFORMANT George F Pullen

(Address) Crystal City, Mo

15. FILED 6/18, 1929 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1928, to June 17, 1929, that I last saw her alive on June 15, 1929, and that death occurred, on the date stated above, at 5:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

936

902

(duration) 1 yrs. 6 mos. 17 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical ex.

(Signed) A L Edwards, M. D

6-18, 1929 (Address) Bonne Terre, 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 Little Vine Cem

DATE OF BURIAL June 19 1929

20. UNDERTAKER J. T. Ward

ADDRESS Bonne Terre, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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