

No. 300
10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29131

FILED OCT 1 1948

Registration District No. 37

Primary Registration District No. 5202

Registrar's No. 17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Rural Eugene Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Lifetime (Specify whether years, months or days)

3: (a) PRINT FULL NAME DAVID A. BULLOCK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M Color or race W

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rellie Gray

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 10 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Daniel Bullock

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Bingham

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. David Bullock

(b) Address Wakenda, Mo.

17. (a) Burial (b) Date thereof 9-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem.

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton, Mo.

19. (a) Sept 13-48 (b) Pearl Kocher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 mi. N.W. of Wakenda
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day Sept
year 1948 hour 1 minutes 20 A.M.

21. I hereby certify that I attended the deceased from Coroner, 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 140

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 3

23. Signature Charles R. Bull (M.D. or other) Coroner

Address Carrollton Date signed 9/11/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.