

JUL 26 1935

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

Do not use this space.

1. PLACE OF DEATH

89 County Ray, Co.
Township Camden
City Camden (No. _____)

Registration District No. 117 244
Primary Registration District No. 3976B

File No. 20777
Registered No. 63
St. _____ Ward _____

2. FULL NAME

Emma Dean Pulse

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Pulse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27, 1898</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>0</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner's wife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to June 27, 1935
I last saw her alive on June 26, 1935. Death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:
Essential Hypertension with sudden cardiac failure
Date of onset _____
Other contributory causes of importance:
1. Nephritis, Chronic Interstitial.
2. Generalized Edema.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

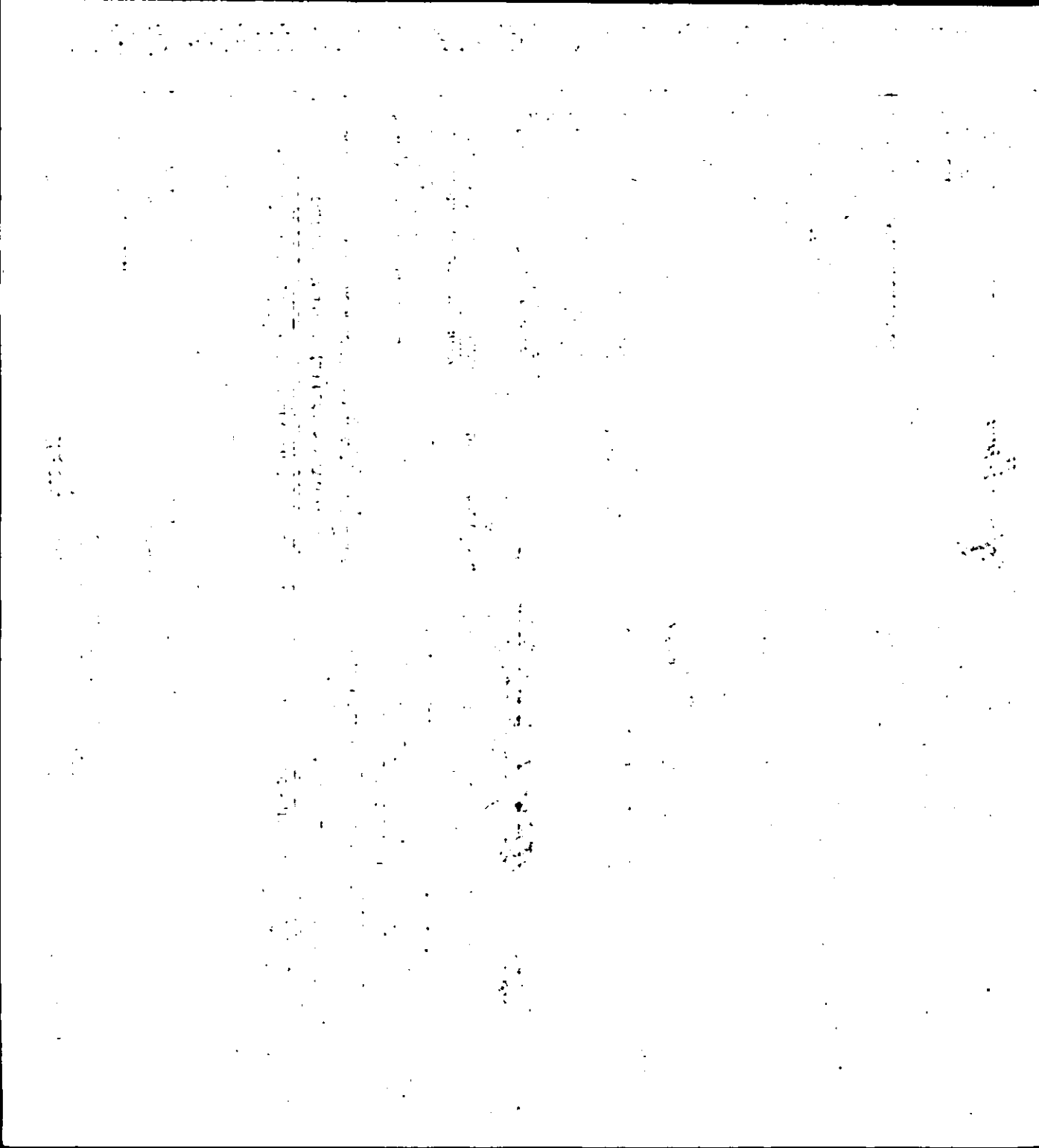
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) [Signature], M. D.
(Address) Camden, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>
	13. NAME <u>Wm Thomas Duncan</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO.</u>
	15. MAIDEN NAME <u>Mary J. Williams</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT <u>John Pulse</u> (ADDRESS) <u>Camden, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Camden</u> DATE <u>June 29, 1935</u>
	19. UNDERTAKER <u>C. M. Tolner</u> (ADDRESS) <u>Richmond, Mo.</u>
	20. FILED <u>7-7-35</u> <u>E. E. Ray</u> Registrar.

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.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENT.
Do not use this space.

1. PLACE OF DEATH

County Ray Co Registration District No. 739
Township _____ Primary Registration District No. 4441
City Camden (No. _____) St. _____ Ward _____

File No. _____
Registered No. 63

2. FULL NAME

Emma Jean Pulse

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF June 27 1898

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935, to June 26, 1935.
I last saw her alive on June 26, 1935. Death is said to have occurred on the date stated above, at 1:22 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS 37 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hr. or _____ min.

The principal cause of death and related causes of importance were as follows:

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

Essential Hypertension with sudden cardiac failure

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

Other contributory causes of importance:
Nephritis, Chronic Interstitial
Generalized Edema

FATHER 13. NAME Wm Thomas Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary J. Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Jahn Pulse (ADDRESS) Camden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Camden DATE June 29 1935

19. UNDERTAKER C. M. Joiner (ADDRESS) Richmond

20. FILED Aug 9 1935 W. W. Burgess Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

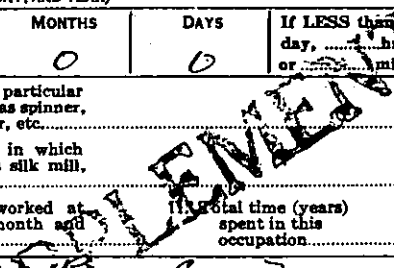
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. S. Pate, M. D.
(Address) Orion Mo

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



JUNE 6 1945

S-20777

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