

DEC 11 MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ray 1 Registration District No. 754
 Township Richmond Primary Registration District No. 3035
 City Richmond (No.) St. Ward) 120

File No. 7960Registered No. 120

2. FULL NAME

SANDYA Kay 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 19387. AGE YEARS MONTHS DAYS If LESS than 1 day, . hrs. or min.
0 0 0 10

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Mo.13. NAME J. W. PULSE14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Mo.15. MAIDEN NAME MAXINE OWENS16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TINA, MO.17. INFORMANT J. W. PULSE,
(ADDRESS) RICHMOND, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Feb. 1319. UNDERTAKER Brothers - Joiner
(ADDRESS) RICHMOND, MO.20. FILED 3/10 1938 Manfred McDonald
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 193822. I HEREBY CERTIFY, That I attended deceased from Feb 12 1938, to Feb 12 1938I last saw her alive on Feb 12 1938 Death is saidto have occurred on the date stated above, at 7:30 p.m.

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

Asphyxia Date of onset

Other contributory causes of importance:

Premature 7 mo.Name of operation None Date ofWhat test confirmed diagnosis? Pex Was there an autopsy? Yes

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? Yes

If so, specify

(Signed) Manfred McDonald M. D.(Address) Richmond 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.

