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

Do not use this space. 2980

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 568

City St. Louis (No. Avalon Hotel, Taylor & Pershing Ward)

2. FULL NAME James Aull.

(a) Residence. No. Avalon Hotel St., 12 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1 - 1845

7. AGE: Years 82 Months 2 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Stocks and Bond
(b) General nature of industry, business, or establishment in which employed (or employer) Agent
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Robert Aull.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Wilson.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Steubenville, Ohio.
(STATE OR COUNTRY)

14. INFORMANT Mrs Guilford Duncan.
(Address) #4540 Lindell, Blvd.

15. FILED JAN 16 1928 19 Mar C Starkoff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany, 14th, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Jan 14, 1928 that I last saw her alive on Jan 14, 1928, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterial Thrombosis (Senile)
82 A
99 A
16 ..... (duration) ? yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
..... (duration) ..... yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Paralysis etc
(Signed) Louis H. Behrens, M. D
Jan 16, 1928 (Address) 301 Times Bldg

*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 Bellefontaine Cem. DATE OF BURIAL Jany 17, 1928.

20. UNDERTAKER C. R. Lupton. ADDRESS Clive Street #4449