

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.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No.)

City.....

File No. **22399**Registered No. **6591**

St.

Ward)

2. FULL NAME(a) Residence. No. **3101 Euston** St. **21** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **6** yrs. mos.

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****Married****5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)****Oct. 25, 1891****7. AGE****36** YEARS**7** MONTHS**27** DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Alatama

PARENTS

10. NAME OF FATHER**Wm. C. Tull****11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Anna C. Stankel**15. FILED****23 1928****May C. Stankel**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)****June 22, 1928**

I HEREBY CERTIFY That I attended deceased from **June 21, 1928** to **June 22, 1928**
that I last saw him alive on **June 22, 1928** and that death occurred, on the date stated above, at **4:15 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:**Chronic Myocarditis****CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?.....

DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)

Robert D. Simpson

M. D.

(Address)

City of St. Louis

*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**DATE OF BURIAL****Valhalla Cemetery****June 23, 1928****20. UNDERTAKER****ADDRESS****Mayer****4856 B. St.**

Wilmington