EC 26 928

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

Do not use this space.

36032

1. PLACE OF DEATH
County Bollinger
Township Lorance
City Lutesville (No. ..... St. ..... Ward)

Registration District No. .....
Primary Registration District No. .....

File No. .....
Registered No. .....

2. FULL NAME Sammy Cole Huls

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12, 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	13	

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

9. BIRTHPLACE (CITY OR TOWN) Elvins Mo.
(STATE OR COUNTRY) St. Francois

PARENTS
10. NAME OF FATHER Wm. J. Huls
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Desloge, Mo.
(STATE OR COUNTRY) St. Francois
12. MAIDEN NAME OF MOTHER Essie Cole
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scopus, Mo.
(STATE OR COUNTRY) Bollinger

14. INFORMANT Jos M Huls
(Address) Elvins Mo

15. FILED 11-27 1925 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-25 1925

17. I HEREBY CERTIFY, That I attended deceased from 6 a.m. 11-21 1925, to 11-25 1925, that I last saw h. alive on 8:30 P.M. 11-25 1925 and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Burns on Bathy Lower Left Ant. Branches
1st
10 days
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? [illegible]
(Signed) [illegible], M. D.
11-26, 1925 (Address) Lutesville

*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: Bismarck Mo. — DATE OF BURIAL: Nov 27 1925

20. UNDERTAKER: A. J. Baker — ADDRESS: Lutesville Mo.