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

Do not use this space.

37097

**1. PLACE OF DEATH**

County: Jackson — Registration District No.: 399 — File No.: 4747

Township: Kaw — Primary Registration District No.: 1602 — Registered No.: 4747

City: Kansas City (No. St. Luke's Hospital St. Ward)

**2. FULL NAME** Fred Byron Hullet, Jr.

(a) Residence. No. Protection, Kansas. St., Ward. Protection, Kansas.
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| male | white | single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 25, 1911

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 17 | 3 | 1 | |

8. OCCUPATION OF DECEASED — 154 / 78

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

(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): Kansas

PARENTS

10. NAME OF FATHER: Fred Byron Hullet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas

12. MAIDEN NAME OF MOTHER: Ida M. Riner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas

14. INFORMANT: Fred Byron Hullet
(Address) Protection, Kansas

15. FILED 11/26, 1928 M. M. Crowe Asst REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 26 1928

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to Nov. 26, 1928, that I last saw him alive on Nov. 25, 1928, and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Abscess

155A

(duration) about 2 weeks yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Osteomyelitis of the right femur (not tubercular) (duration) about 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Protection, Kansas

1 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Nov. 25, 1928

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory operation

(Signed) Mark D. Abraham, M. D.

11/26, 1928 (Address) Medical Rem. Bank 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: Protection, Kans. — DATE OF ~~BURIAL~~ R: 11-26 1928

20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham Plaza

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.