JUN 24 1929

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

Do not use this space.

17258

1. PLACE OF DEATH

County Boone — Registration District No. 73 — File No. 144

Township — Primary Registration District No. 3066 — Registered No.

City Columbia (No. ... St. ... Ward)

2. FULL NAME Daniel Ezra Hulet

(a) Residence. No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: June 5 - 1859

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

7. AGE: YEARS 69 — MONTHS 11 — DAYS 23 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Superintendent Ice Plant
(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): Rockeport Mo.

PARENTS
10. NAME OF FATHER: Capt W. H. Hulet
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Boone Mo
12. MAIDEN NAME OF MOTHER: Judith Hunt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Bernard Simon
(Address)

15. FILED 5-31, 1929 Beatrice Grubbs REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 28 - 1929

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1929, to May 28, 1929, that I last saw him alive on May 28, 1929, and that death occurred, on the date stated above, at 10.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94 A
97
(duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Arthur Schmaus
(duration) ... yrs. ... 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?

(Signed) W. R. Sharpe, M. D.
, 19 (Address) Columbia Mo

*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: Columbia Cemetery — DATE OF BURIAL: May 30 1929

20. UNDERTAKER: Tom McHarg — ADDRESS: Columbia

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.