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

Do not use this space.

17582

JUN 25 1929

1. PLACE OF DEATH

County: Clark — Registration District No.: 190 — File No.:

Township: — Primary Registration District No.: 4113 — Registered No.: 23

City: Kahoka (No. ..., ..., St. ..., Ward)

2. FULL NAME: Emma Howard Hull.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Geo. F. Hull

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 2, 1857

7. AGE: Years 72 — Months 1 — Days 28 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At. Home.

(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): Clark Co. Missouri

PARENTS

10. NAME OF FATHER: Edmund J. Howard

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

12. MAIDEN NAME OF MOTHER: Mary Hopper

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

14. INFORMANT: Elmer G. Hull (Address): Keokuk Iowa

15. FILED: 6/2 1929 J. A. Bridges, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 30 1929

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1929, to May 30, 1929, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 6.55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Phlebitis with Thrombosis

(duration) yrs. One mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Diag.

(Signed) Alvah C. Bridges, M. D.

5/31, 1929 (Address) Kahoka 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: Bethelham. Cem. — DATE OF BURIAL: 6/2 1929

20. UNDERTAKER: Fred J Karle — ADDRESS: Kahoka Mo.

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.