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

Do not use this space.

36643

File No. 12

Registered No. 128

1. PLACE OF DEATH

County Clay

Township Fishing River

City Excelsior Springs Mo

Registration District No. 198

Primary Registration District No. 3011

St. ..... Ward)

2. FULL NAME John W Stull

(a) Residence. No. 601 Polo Drive St. ..... Ward. Clayton Mo

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ~~St Louis Mo~~ 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	5	9	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) F. Maryland

(STATE OR COUNTRY) Washington

PARENTS

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know

(STATE OR COUNTRY)

14. INFORMANT Mrs Stull

(Address) 601 Polo Drive St Louis Mo

15. FILED Nov 20 1929 Y. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-15 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-29, 19..., to 11-15, 1929 that I last saw him alive on 11-15, 1929 and that death occurred, on the date stated above, at 10 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C

JOB

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None Known

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Dont Know

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. E. Bond, M. D.

, 19 (Address) Excelsior Springs

*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
St Louis	Nov 18 1929

20. UNDERTAKER	ADDRESS
John C. Prather	Excelsior

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

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.