

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. 3930, Westminster)

(No. 3930, Westminster)

File No. 42727

42727

Registered No. 12514

12514

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3930 Westminster St. 19 Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1929

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

17. I HEREBY CERTIFY, That I attended deceased from June 13 1929 to Dec 23 1929  
and I last saw him alive on Dec 22 1929, and that death occurred, on the date stated above, at 4:15 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16 1850

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79. 10. 7.

Coronary Sclerosis  
99  
(duration) 5 yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 916  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) England  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Richard Hullard

DID AN OPERATION PRECEDE DEATH? DATE OF

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

WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Elizabeth Seig

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. Whitcomb Hall M. D.

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

Dec 23, 1929 (Address) 1625 Jones Brook

14. INFORMANT Carrie Shannon  
(Address) 3930 Westminster

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED DEC 24 1929 W. C. STANLEY REGISTRAR

Sedalia Mo. Dec 24, 1929  
ADDRESS 1631 Mission

20. UNDERTAKER McLaughlin

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

