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

Do not use this space.

929

18 1930

45

1

3

1. PLACE OF DEATH
County Howard — Registration District No. 376 — File No.
Township — Primary Registration District No. 4220 — Registered No.
City Armstrong (No. ... St. ... Ward)

2. FULL NAME Thomas H. Hulett
(a) Residence. No. Armstrong Mo St. ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 42 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: Sarah Francis Hulett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 4-1850

7. AGE: Years 79 — Months 2 — Days 25 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Harness Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

235

1

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

PARENTS
10. NAME OF FATHER: Harrison Hulett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo
12. MAIDEN NAME OF MOTHER: Jane Brink
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

14. INFORMANT: Sarah Francis Hulett
(Address): Armstrong Mo

15. FILED: Jan 31 1930 W M Dickerson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1927, to Jan 28, 1930 that I last saw him alive on Jan 28, 1930 and that death occurred, on the date stated above, at 5 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis Agitans
137
870
97
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Artero-Sclerosis
Prostatitis (duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At Place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W M Dickerson M. D
, 19 (Address) Armstrong 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: Walnut Grove Country — DATE OF BURIAL: Jan 30 1930

20. UNDERTAKER: A H Oldaker — ADDRESS: Armstrong 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.