

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

Do not use this space.  
30202 a  
File No. \_\_\_\_\_  
Registered No. 4440  
St. 4440 (Ward)

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 100B  
City Kansas City, Mo. (No. 1619)

**2. FULL NAME**

Emma Hull

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Jasper, Mo.  
(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 Female 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 James E. Hull

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 1 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER Jacob Kaderly

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

12. MAIDEN NAME OF MOTHER Anna R. Neman

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

14. INFORMANT James E. Hull  
(Address) Jasper, Mo.

15. FILED 11-2-30 D. A. Johnson REGISTRAR  
M. M. Brown

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930, to Sept 21 1930  
that I last saw him alive on Sept 1 1930 and that death occurred, on the date stated above, at 2 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1790  
Cachexia  
from Crotone Poisoning  
(duration) yrs. mos. ds. \_\_\_\_\_  
CONTRIBUTORY accidental  
(SECONDARY) (duration) yrs. mos. ds. \_\_\_\_\_

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS of 1 used one

(Signed) D. P. Laurey M. D.

Sept 21, 1930 (Address) 1424 Professional Bldg.

\*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

Waters Semetry 9/22<sup>nd</sup> 1930

20. UNDERTAKER ADDRESS

Teeter Bros Jasper, 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.

302029

