

SEP 26 1930

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

Do not use this space.

30820

1. PLACE OF DEATH

County Polk
Township West Looney
City Morrisville (No.)

Registration District No. 704
Primary Registration District No. 5-923

File No.
Registered No.
St. Ward

2. FULL NAME Noel C. Gulick

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-31-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 11 17

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Porterville
(STATE OR COUNTRY) California

10. NAME OF FATHER Noel Gulick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawrence Co., Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Viranis Clary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Graham Co.
(STATE OR COUNTRY) Kansas

14. INFORMANT Noel Gulick
(Address) Morrisville Mo

15. FILED SEP 19 1930 Dr. A. M. Miller, Jr.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h. alive on 19..... and that death occurred, on the date stated above, at 4- P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

drowned by accidently falling from a structure

CONTRIBUTORY (SECONDARY) 182 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? 4

(Signed) in M. D.

, 19 (Address)

*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 Morrisville DATE OF BURIAL Sept, 19 1930

20. UNDERTAKER Hutcheson-Blue ADDRESS Bolivar, Mo.

CRUDE DEATH CERTIFICATE FORM, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated in years, months and days. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1021
1021

1. PLACE OF DEATH.
 County Jackson Registration District No. 704 File No.
 Township West Looney Primary Registration District No. 3-933 Registered No.
 City St. Ward)

2. FULL NAME Noel C. Gulick
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

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

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

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

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED Sept 19 30 Grassmiller REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1930

17. I HEREBY CERTIFY, That I attended deceased from to 19..... that I last saw him alive on 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 Signed) J. H. Harrel M. D.
 , 19 (Address)

*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
 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

N. B.—Every item of information should be carefully checked EXACTLY. PHYSICIANS should state in plain language the exact nature of the disease, and the cause of death, and the manner in which the death occurred. Exact statement of OCCUPATION is very important. A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW REGISTER

S-30820