

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

2070

File No. _____
Registered No. 6th - 16
St. _____ Ward _____

1. PLACE OF DEATH

64 County Marion Registration District No. 547
Township Mason Primary Registration District No. 327A
1 City Hannibal (No. 2229 Chestnut St)

2. FULL NAME

Virginia Ghee Dull
(a) Residence. No. 2229 Chestnut St. 6 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Master Dull</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 19, 1855</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>5</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/4/1931
17. I HEREBY CERTIFY, That I attended deceased from Nov - 1929 to Jan - 4, 1931 that I last saw h. _____ alive on _____, and that death occurred, on the date stated above, at 3:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary
416 Stomach
(duration) 2 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) M. J. Farrell M.D.
1/5, 1931 (Address) Hannibal 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.

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

Virginia 2

PARENTS

10. NAME OF FATHER Jacob Hanger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Lucy Marks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs James Featherstone
(Address) 2229 Chestnut St. Hannibal Mo
15. FILED 1/5 31 Coloussis REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL South Ford Cem Florida Mo DATE OF BURIAL 1/6/1931

20. UNDERTAKER James O'Donnell ADDRESS Hannibal Mo

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

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.

FEB 23 1931

75

Do not use this space.

