

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

Do not use this space.

10926

1. PLACE OF DEATH

74 County Wodaway
Township _____
City Hopkins Mo (No. _____) St. _____ Ward _____

674
Registration District No. _____
4375
Primary Registration District No. _____

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

John W. Hull
(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 15 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 Lucy Ferguson Hull

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 2 14

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Columbus Hull

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

12. MAIDEN NAME OF MOTHER Jane Myatt

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

14. INFORMANT Sarah Young (Address) Hopkins, Mo.

15. FILED 3/11/31 W. H. Day REGISTRAR

4/10-31 C. P. Fryer, M.D.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1931, to March 6, 1931 that I last saw h. live on 3/6, 1931, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral thrombosis
82B
97 (duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 10 yrs. _____ mos. _____ ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) [Signature], M. D.

3/10, 1931 (Address) Hopkins Mo

*State the DISEASE CAUSING DEATH, or in death 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

Hopkins Co. - Hopkins Mo Mar 11 1931

20. UNDERTAKER A. L. Stithum ADDRESS 2658

Methodist Ch.

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.

APR 25 1931

