Austin

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

Do not use this space.

13185

1. PLACE OF DEATH
County Boone — Registration District No. 74 — File No. 10
Township ~~Rockyfork~~ — Primary Registration District No. 4042 — Registered No. 10
City Hallsville (No. ..... St. ..... Ward)

2. FULL NAME Alfred Willis Hulen
(a) Residence. No. Hallsville 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21, 1854

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76. | 6. | 12 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Butcher 15?
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boone County, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Enoch Hulen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Elizabeth Asbury
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT E. K. Hulen
(Address) Mexico, Mo

15. FILED 4-3-1931 Mrs. F. L. Faucette
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2nd 1931

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to April 2 - 1931, that I last saw him alive on April 2 - 1931, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage -

(duration) ..... yrs. - mos. 8 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Thos. W. Austene, M. D.
Apr. 3 - 1931. (Address) Centralia, 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 | DATE OF BURIAL |
|---|---|
| Elmwood Cemetary Mexico Mo | April 5 1931 |
| 20. UNDERTAKER H. A. Precht & Son | ADDRESS Mexico 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.

SEP 2 3 1941