

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

Do not use this space.

13272

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, Mo. (No. 305 Hammond Ave.) St. _____ Ward _____

File No. _____
 Registered No. 439

2. FULL NAME

Barney D. Hull
 (a) Residence, No. 305 Hammond Ave. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Hull
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1866
 7. AGE YEARS 64 MONTHS 9 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marsalis Ohio

FATHER 13. NAME Jerome Hull
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER 15. MAIDEN NAME Margaret Kellogg
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT Mrs. Alma Hull
 (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 22, 1931

19. UNDERTAKER Fleeman Funeral Home
 (ADDRESS) 1946 Galbraith

20. FILED 4-22 1931 John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1931
 22. I HEREBY CERTIFY, That I attended deceased from January 20, 1931, to April 20, 1931.
 I last saw him alive on April 20, 1931. Death is said to have occurred on the date stated above, at 3:15 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82 82
99
 Other contributory causes of importance:
Arterio Sclerosis

Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) John J. Messer M. D.
 (Address) 109 1/2 S. 18th St. Wash. 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.

MAY 21 1931

