

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

Do not use this space.

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 1001
 Township South 11th Primary Registration District No. 1001
 City St. Joseph, Mo. (No. 2109 1/2 South 11th)
 Registered No. 261
 Registered No. 02 Ward 02
 2. FULL NAME William Earl Hulet
 (a) Residence, No. 2109 1/2 So. 11th St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Hulet</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 1868</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>6</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Minister</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sentry County, Missouri</u>		
13. NAME <u>Arnon Hulet</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>		
15. MAIDEN NAME <u>Rhoda Blanton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Hobart Hulet</u> (ADDRESS) <u>St. Joseph, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Feb. 1, 1932</u>		
19. UNDERTAKER <u>Falleman Funeral Home, Inc.</u> (ADDRESS) <u>St. Joseph, Mo.</u>		
20. FILED <u>1-30</u> <u>1001</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1932

22. I HEREBY CERTIFY, that attended deceased from Jan 30 1932 to Jan 30 1932
 I first saw him alive on Jan 30 1932 Death is said to have occurred on the date stated above, at 12:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart
 Date of onset unk

Other contributory causes of importance
95B

Name of operation 9 Date of
 What test confirmed diagnosis? Autopsy 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? No
 If so, specify
 (Signed) B. W. [Signature], M. D.
 (Address)

MARGIN RESERVED FOR BINDING

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

FEB 23 1932

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.

V. S. NO. 2.

