

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

Do not use this space.

7747

1. PLACE OF DEATH  
 21 County Shartan Registration District No. 178  
 Township Bee Branch Primary Registration District No. 5246  
 City (No. ) St. Ward )

2. FULL NAME Martha Ellen Hulet  
 (a) Residence, No. St. Ward.  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Wife of Dick Hulet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hra. or .....min.
	<u>67</u>	<u>4</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bynumville Mo

MOTHER FATHER

13. NAME John A. Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

MOTHER

15. MAIDEN NAME Elizabeth Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Claude Taylor  
 (ADDRESS) Bynumville Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Kate Camp DATE Mar 6 1932

19. UNDERTAKER Gas M. Daughler  
 (ADDRESS) Marionville Mo

20. FILED 3/12 1932 W. J. Hillier  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1932 to March 1 1932  
 I last saw her alive on March 1 1932 Death is said to have occurred on the date stated above, at 11:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of Liver (Primary)  
403  
4600  
(3)

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical & Pathology Was there any autopsy? 1

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) Dr. Craig Cornett Dobb  
 (Address) Marionville 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.

APR 25 1932

