

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

Do not use this space.

11588

**1. PLACE OF DEATH**

10 County Burns  
Township Ledard  
City (No. \_\_\_\_\_)

Registration District No. 71  
Primary Registration District No. 5-110A

File No. \_\_\_\_\_  
Registered No. 171  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Malisa Stull

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 15-1863

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 5 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work house keeper 234  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri 1

10. NAME OF FATHER Eligo Stull

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kentucky 2

12. MAIDEN NAME OF MOTHER Frances Burks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri 1

14. INFORMANT Thomas Stull (Address) Guthrie Ave

15. FILED 4/24 1932 A. J. Nichole REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1932

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1932 to Apr 23, 1932, that I last saw him alive on Apr 22, 1932, and that death occurred, on the date stated above, at 9-10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic nephritis

CONTRIBUTORY (SECONDARY) 131 131 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED (1)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) A. B. Bryer, M. D.

Apr 23, 1932 (Address) Ashland 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 Johnson cemetery DATE OF BURIAL 4/24 1932

20. UNDERTAKER Ashland Undert Co ADDRESS Ashland

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 23 1932

