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.

JUN 21 1932

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

Do not use this space.

15665

1. PLACE OF DEATH

26 County Cole — Registration District No. 213 — File No. 124

3 Township — Primary Registration District No. 3014 — Registered No.

8 City Jefferson City (No. , St. Ward)

2. FULL NAME Miss Lucile Johanna Dulle

(a) Residence, No. 310 Boliver St. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1906

7. AGE: YEARS 25 — MONTHS 8 — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Jefferson City, Missouri. 1

FATHER
13. NAME Joseph B. Dulle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Missouri.

MOTHER
15. MAIDEN NAME Johanna Killian
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria. 3

17. INFORMANT (ADDRESS) Joseph B. Dulle 310 Boliver St., J.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE May 30, 1932

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home. JC, Mo.

20. FILED 6/1 1932 W. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to May 27, 1932

I last saw her alive on May 21, 1932. Death is said to have occurred on the date stated above, at 1:30 a.m. 2/3-7/32

The principal cause of death and related causes of importance were as follows:

Endothelioma left frontal lobe of brain. Rapidly recurring after 1st & 2nd operation. 53C

Date of onset about 9/1/31

Other contributory causes of importance: 53C None

Name of operation Removal Brain Tumor Date of ~~[illegible]~~ Jan 1932

What test confirmed diagnosis? Microscopic was there an autopsy? No Mar 1932

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) W. A. Clark, M. D.
(Address) Jefferson City Mo