

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

Do not use this space.

34777

1. PLACE OF DEATH

County Buchanan Registration District No. 80
 Township Center Primary Registration District No. 5-1-19
 City (No. Willowbrook, Mo.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Iona A. Hull

(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 <u>Female</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>Clint Hull</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May, 30, 1864</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>5</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>De Kalb Co., Mo. 1</u>		
FATHER	13. NAME <u>Fountain Hargis</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Pulaski Co., Ky. 2</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Gilliland</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Pulaski Co., KY.</u>	
17. INFORMANT (ADDRESS) <u>Clint Hull Willowbrook, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Agency Cemetery</u> DATE <u>Nov. 19, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Moerhoff 1302 - araan St. St. Joseph, Mo.</u>		
20. FILED <u>Nov. 18, 1932 Mrs. Lucy Powell Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1932 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 - 1932 to Nov. 17 - 1932
 I last saw her alive on Nov. 16, 1932 Death is said to have occurred on the date stated above, at 1.00 A.M.

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

Organic Heart Disease Date of onset unknown

Other contributory causes of importance: MSA 75 B

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

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? no. Date of injury _____, 1932

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. Peters, M.D. M. D.
 (Address) Wallace, Missouri

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.

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

JAN 7 1933

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