

FEB 23 1933

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

Do not use this space.

38386

1. PLACE OF DEATH

County Boone  
Township Cochar  
City (No. ....) (No. ....)

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

File No. ....  
Registered No. 4  
St. .... Ward)

2. FULL NAME

John R. 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 May Stull

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/27 1875

7. AGE	YEARS	MONTHS	DAYS	IT LESS than 1 day, hrs. or min.
<u>57</u>	<u>9</u>	<u>19</u>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(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

10. NAME OF FATHER Eliza Stull

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

12. MAIDEN NAME OF MOTHER Sally Bewick

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

14. INFORMANT E. O. Gapp  
(Address) Luther

15. FILED 2-9-33 W. J. Tscholar  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/16 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to March 16, 1932 that I last saw him live on Dec 14, 1932, and that death occurred, on the date stated above, at 10:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Aortic Insufficiency  
(duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) J. J. W.  
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED? 1  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) H. B. Taylor M. D.

Dec 16, 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 12/17 1932

20. UNDERTAKER As & Louis Huest 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.

