

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

Do not use this space.

13876

1. PLACE OF DEATH

61 County Madison
6 Township Laplato
City Laplato (No. _____)

Registration District No. 532
Primary Registration District No. 4318

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME William Teubald Hulbert

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
57 8

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

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

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) Wis

13. NAME William Hulbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis

15. MAIDEN NAME Mary Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis

17. INFORMANT George E. Hulbert
(ADDRESS) Laplato, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Laplato DATE April 11 1933

19. UNDERTAKER D. J. Christil
(ADDRESS) Laplato, Mo

20. FILED Apr. 11 1933 C. H. Ruckey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1933, to Apr. 9, 1933
I last saw him alive on Apr. 9, 1933. Death is said to have occurred on the date stated above, at 2 a. m.

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

Erysipelas of face and neck with edema of larynx
Date of onset Apr 5 1933

Other contributory causes of importance: Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) C. H. Ruckey, M. D.
(Address) Laplato, 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.

MAY 22 1934

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