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 20 1933

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

Do not use this space.

1. PLACE OF DEATH
14 County Callaway — Registration District No. 104 — File No. 15873
2 Township ~~Fulton~~ — Primary Registration District No. 3008 — Registered No. 106
1 City Fulton (No. ..... St. ..... Ward)

2. FULL NAME J. A. Hulse

(a) Residence, No. Marshall Mo 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. 4 mos. 15 ds. 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15, 1878

7. AGE: YEARS 55 — MONTHS 3 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): Marshall Mo

FATHER
13. NAME: Newton Hulse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Frances Keyton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): T. D. Hulse, Roanoke, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hospital Cemetery DATE May 25, 1933

19. UNDERTAKER (ADDRESS): Leo G. Wallace, Fulton, Mo.

20. FILED May 25, 1933 R. N. Crews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany. 9, 1933, to May 24, 1933
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane (Neurosyphilis) — Date of onset

Other contributory causes of importance: Maniacal Exhaustion

Name of operation — 34 — Date of
What test confirmed diagnosis? Was there an autopsy?

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) T. R. Frazer M. D.
(Address) Fulton State Hospital