

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

Do not use this space.

**1. PLACE OF DEATH**

County Pike Registration District No. 689  
 Township Burgate Primary Registration District No. 3033  
 City St. Louis, Mo. Hospital (No. Pike Co Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **20710**

Registered No. \_\_\_\_\_

**2. FULL NAME**

~~John~~ Jake Thomas Kull  
 (a) Residence, No. 1621 Kentucky St., Louisiana, Mo. (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Sarah Frances Kull Calhoun

22. I HEREBY CERTIFY That I attended deceased from June 6, 1933, to June 6, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1872

I last saw h. h.M. alive on June 6, 1933. Death is said to have occurred on the date stated above, at 8:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
60 9 3

The principal cause of death and related causes of importance were as follows:  
Heat Stroke Date of onset \_\_\_\_\_

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

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 \_\_\_\_\_

Other contributory causes of importance:  
none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Phillip Kull

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

15. MAIDEN NAME Alicia Alice Mitchell

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

17. INFORMANT J.P. Kull (ADDRESS) Frankford Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Preserve DATE 6/8 33

19. UNDERTAKER J. O'Haley (ADDRESS) Louisiana, Mo.

20. FILED 6/7 1933 J. O'Haley Registrar.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? No

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Charles P. Jewell, M. D.  
 (Address) Louisiana, Mo.

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 23 1933

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