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

Do not use this space.

23223

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 23223

Township Kaw — Primary Registration District No. 1002 — Registered No. 2929

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME William J. Hulse

(a) Residence, No. 3914 Tracy 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. mos. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 7, 1849

7. AGE: YEARS 84 — MONTHS 4 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Railway
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Conductor
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): Missouri

FATHER

13. NAME: Richard Hulse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information / No information

MOTHER

15. MAIDEN NAME: No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information / No information

17. INFORMANT (ADDRESS): Mrs. Ella Hulse, 3914 Tracy

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Atchison, Kans DATE 7-19, 1933

19. UNDERTAKER (ADDRESS): Stone + McClure, 3235 Gillham Plaza

20. FILED July 17, 1933 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933 to July 16, 1933

I last saw him alive on July 16, 1933 Death is said to have occurred on the date stated above, at 7:40 P.m.

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

	Date of onset
Coronary sclerosis	?
chronic fibrous myocarditis	?
Other contributory causes of importance:	
Arterial Hypertension	?

93C
94B
102

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy findings Was there an autopsy? yes

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) J. E. Castles, M. D.

(Address) 822 Argyle Bldg, Kc. 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.

WHITE: EARNEY, WITH ON... INK—THIS IS A PERMANENT RECORD