

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

Do not use this space.

29795
B. H.

1. PLACE OF DEATH

County Jackson
Township Raw
City N. C. Mo

Registration District No. 300
Primary Registration District No. Cardova Hotel

File No. 3020
Registered No. 3020
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 523 West 12 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Franklin Hull</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June-12-1847</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>3 21</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1933

22. I HEREBY CERTIFY that I attended deceased from _____, 19____

I last saw him live on _____, 19____ Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:
Artery Occlusion (obstructed) Artery bifurcated

Date of onset _____

Other contributory causes of importance:
93C in 93C
94B

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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? _____
If so, specify _____

(Signed) [Signature] M. D.
(Address) [Address]

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>
	13. NAME <u>Bradley Chandler</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	15. MAIDEN NAME <u>Wm York</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	17. INFORMANT <u>Mr. Robt D. Blackwell</u> (ADDRESS) <u>523 West 12</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>9-14-33</u>	
19. UNDERTAKER <u>Mrs. C. L. Fortin</u> (ADDRESS) <u>711 Broadway ave</u>	
20. FILED <u>9-13-33</u> M. M. Brown Registrar.	

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 PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

