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

Do not use this space.

33373

1. PLACE OF DEATH
County Jackson
Township Prairie
City Lees Summit, Mo. (No. Lees Summit, Mo. St. Ward)

Registration District No. 400
Primary Registration District No. 4235
File No.
Registered No. 170

2. FULL NAME Mrs. Ida May Hulen
(a) Residence, No. Lees Summit, Mo. 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: Female
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: Dr. F. P. Hulen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4, 1861

7. AGE: Years 72 | Months 8 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired Housewife
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: Charles H. Prather
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Eliza J. Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. C. J. Benson, Lees Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah Cem DATE 10-30-33, 19

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc

20. FILED Oct. 28, 1933 K. C. William L. Fields, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1932, to Oct. 28, 1933
I last saw her alive on Oct. 28, 1933. Death is said to have occurred on the date stated above, at 1 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myxodema	1920
Myocarditis	10/26/33
H.B.P.	
Other contributory causes of importance:	
Bronchitis	10/20/32
Pneumonia	

Name of operation 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) Clint L. Miller, M. D.
(Address) Lees Summit 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.

NOV 10 1933

Lee Summit