

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

Do not use this space.

30711

1. PLACE OF DEATH

County Henry
Township
City Henry (No.)

Registration District No. 311
Primary Registration District No. 4187

File No.
Registered No.
St. Ward)

2. FULL NAME

James Arthur Hulet
(a) Residence No. 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie Low

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 7 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo.

10. NAME OF FATHER Byrnis Hulet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Byrnis Hulet (Address) Henry Mo.

15. FILED J. D. 1934 Wm. H. Williamson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 6 1933

17. I HEREBY CERTIFY, That I attended deceased from OCT 21, 1933, to DEC 6, 1933, that I last saw him alive on Nov 30, 1933, and that death occurred, on the date stated above, at 7:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pericarditis
nephritis
9 2 1933 (duration) 6 yrs. mos. ds.
CONTRIBUTORY Chronic Endocarditis (SECONDARY)
(duration) years mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Thos F Fay M.D.
, 19 (Address) Henry Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friendship DATE OF BURIAL Dec. 8 1933
20. UNDERTAKER A. J. Base ADDRESS Albany

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.

JAN 25 1934

