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

Do not use this space.

MAR 24 1934

File No. 6129

Registered No.

1. PLACE OF DEATH
County Ralls Registration District No. 725
Township Center Primary Registration District No. 5-95-6
City (No. , St. Ward)

2. FULL NAME Hezekiah Stuller

(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	Widow

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mary D. Stuller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	88	3	27	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Maryland

FATHER

13. NAME Henry Stuller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER

15. MAIDEN NAME Lydia Wagoner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT W. H. Stuller
(ADDRESS) Center Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olivet DATE Feb 10 1934

19. UNDERTAKER W. H. [illegible] Co
(ADDRESS) Center, Missouri

20. FILED Feb 12 1934 J. T. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Feb. 7, 1934

I last saw h[illegible] alive on Feb. 7, 1934 Death is said to have occurred on the date stated above, at 4 p.m.

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

	Date of onset
Senility	
1334	
10	

Other contributory causes of importance: Arterio Sclerosis & Interstitial Nephritis

Name of operation Date of

What test confirmed diagnosis? 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) W. E. Leuter, M. D.

(Address) Perry 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.