

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

Do not use this space.

9916

APR 25 1934

1. PLACE OF DEATH

County Platte
Township Linwood
City (No.) St. Ward)

Registration District No. 65-3
Primary Registration District No. 5865

File No.
Registered No. 53

2. FULL NAME

James Hull

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paula Hull</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-2-1856</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grocery</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 1934</u>	
	11. Total time (years) spent in this occupation <u>30</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	13. NAME <u>Richard Hull</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	15. MAIDEN NAME <u>Elizabeth Berry</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	17. INFORMANT (ADDRESS) <u>Paula Hull</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodbury</u> DATE <u>3 23 34</u>	
	19. UNDERTAKER (ADDRESS) <u>W. L. Lumbough</u>	
20. FILED <u>3-21-1934</u> <u>J. Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 to Mar 20, 1934
I last saw him alive on Mar 20, 1934 Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Intestinal Nephritis Date of onset 1913?
Chronic Gastritis 1915
Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis Symptoms 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? No
If so, specify _____
(Signed) W. L. Lumbough, M. D.
(Address) St. Louis, 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.

