

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No.)

Registration District No. 30
Primary Registration District No. 3003

File No. 15665
Registered No. 38
St. Ward)

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. Amber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 10 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) N. Carolina

13. NAME Hulsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Jas Amber Mrs Monett

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Gregory DATE May 28, 1934

19. UNDERTAKER (ADDRESS) Callways Monett

20. FILED 5-28- 1934 W. M. West Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 25, 1934

I last saw her alive on May 25, 1934. Death is said

to have occurred on the date stated above, at 6:40 p. m.

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

Heart Insufficiency Date of onset 131 92.19

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation X X Date of X X

What test confirmed diagnosis? Physical Signs. 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 of injury in any way related to occupation of deceased?

If so, specify No.

(Signed) W. E. Hall, M. D.

(Address) Monett Missouri

