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.

16

SEP 1 4 1934

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

Do not use this space.

File No. 28318

Registered No. 24

1. PLACE OF DEATH

County: Boone

Township: Rocky Fork

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 74

Primary Registration District No. 5113

2. FULL NAME: Minnie Coleman Elkin Hulen

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 91 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: John J. Hulen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 16 - 1843

7. AGE: YEARS 91 | MONTHS 4 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): (2)

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER

13. NAME: Willis Elkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Jane Quisenberry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Cletus Kennedy, Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Red Top Cem. DATE: 8 - 4 - 1934

19. UNDERTAKER (ADDRESS): J. L. Shock

20. FILED: 8 - 4 - 1934 Mrs. F. L. Faucett, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from on July 31, 1934, to ....., 19..... I last saw her alive on July 31, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

	Date of onset
Uremia	(2)
CVA	
1931	
1932	

Other contributory causes of importance:

Chronic interstitial nephritis	(3)

Name of operation: No Date of .....

What test confirmed diagnosis? Phys. Ex. 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) R. L. Robinson, M. D.

(Address) Columbia Mo.