

JAN 15 1935

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

Do not use this space.

42282

1. PLACE OF DEATH

County Cass
Township West Hoban
City West Lane (No.)

Registration District No. 100
Primary Registration District No. 4094

File No.
Registered No.
St. Ward

2. FULL NAME

Lenord Ernest Tull

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. / mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 1 8

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

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) West Line Mo

13. NAME Herschel Otto Tull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Line Mo

15. MAIDEN NAME Elizabeth Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo

17. INFORMANT (ADDRESS) Ernest Otto Tull, West Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Glennville DATE Dec 25 1934

19. UNDERTAKER NONE (ADDRESS)

20. FILED 12-25-34 Mary Meader Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1934, to Dec 24, 1934.

I last saw him alive on Dec 24, 1934. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Dysentery and Enteritis Date of onset

Other contributory causes of importance: Malnutrition

Name of operation None Date of

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

(Address) Glennville 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.

