

MAR 15 1935

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

Do not use this space.

7054

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4923 Washington Ave. St. _____ Ward _____)

File No. _____
Registered No. 1464

2. FULL NAME

Nellie Almeda Hulén
(a) Residence, No. 4923 Washington St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>L. D. Hulén</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1, 1878</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>5</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sangamon County Illinois</u>			
	13. NAME <u>Robert P. Harrison</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Almeda J. Bone</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
17. INFORMANT (ADDRESS) <u>L. D. Hulén East St. Louis, Ill.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> , DATE <u>Feb. 13, 1935</u>				
19. UNDERTAKER (ADDRESS) <u>East St. Louis, Ill.</u>				
20. FILED <u>Peb 11 1935</u> <u>J. P. Brebeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1934, to Feb. 10, 1935
I last saw h. e. r. alive on Feb. 10, 1935. Death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death, and related causes of importance were as follows:
Perforation of Liver
Chronic Cholecystitis
Unknown

Other contributory causes of importance: _____

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? no
If so, specify _____
(Signed) J. P. Brebeck, M. D.
(Address) 430 Murphy Building East St. Louis, Ill.

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.

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