

OCT 17 1935

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

Do not use this space.

28897

## 1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia (No. ....)

File No. ....

Registered No. 197

St. .... Ward

## 2. FULL NAME

Lincoln B Hull(a) Residence, No. 1308 Rosemary 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

Male

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 OFCarrie B. Hull

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

Mar 2 of 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

75523

OCCUPATION

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

Ins Adp

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)

Clinton Illinois

FATHER

13. NAME

Ansel B. Hull

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

Ohio

MOTHER

15. MAIDEN NAME

Elizabeth Bates

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

Ohio

17. INFORMANT (ADDRESS)

Mrs Grace H Eaton

18. BURIAL OR CREMATION OR REMOVAL

PLACE Des Moines IA DATE Sept 20 1935

19. UNDERTAKER (ADDRESS)

R. Powell

20. FILED

9/18/ 1935 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Sept 17 1935

22. I HEREBY CERTIFY That I attended deceased from

June 9 1935 to Sept 17 1935I last saw him alive on Sept 17 1935 Death is saidto 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:

myocardial insufficiency June 9

Other contributory causes of importance:

General anasarca  
Pulmonary congestion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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.

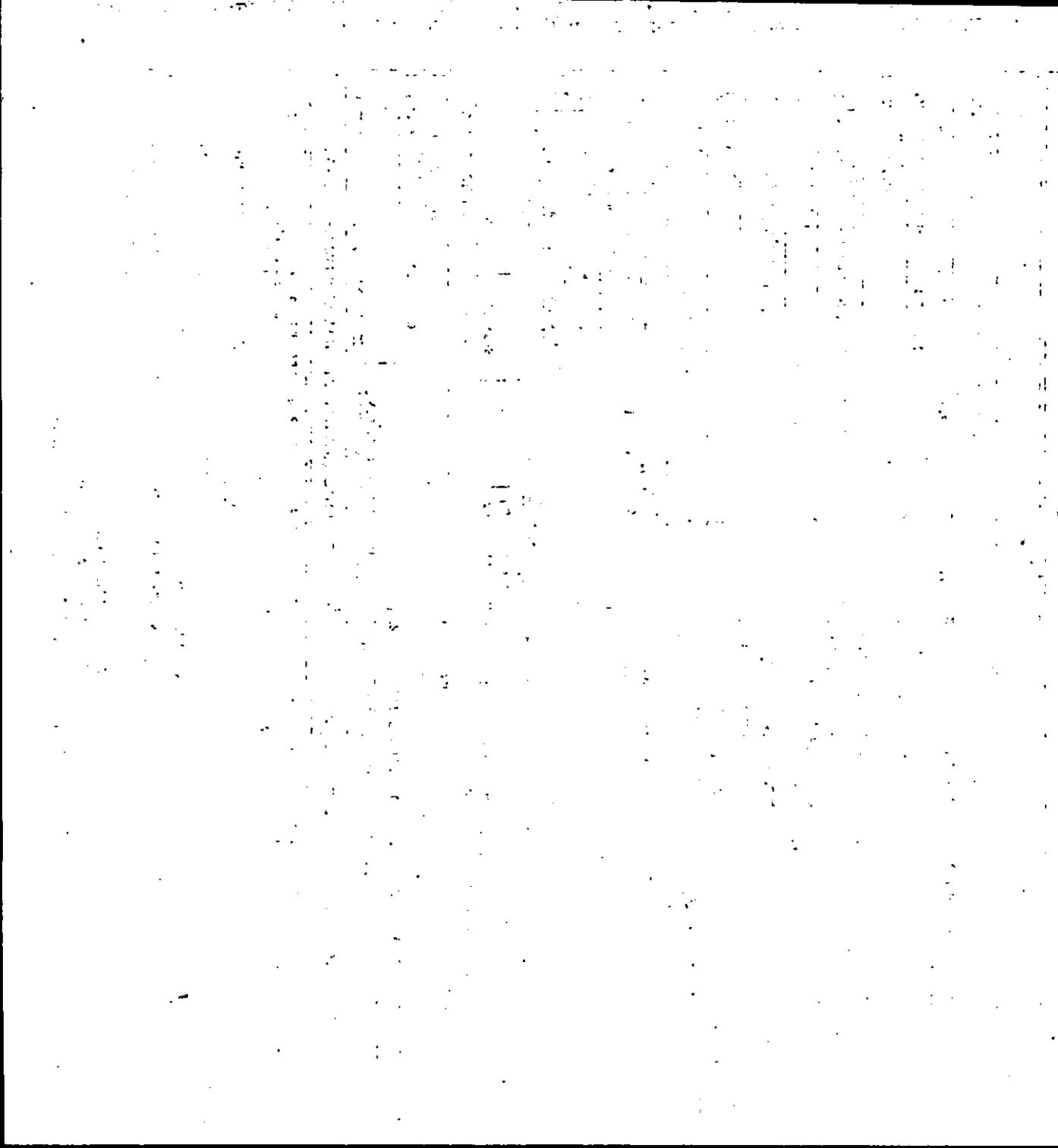
Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. C. Eschlyman M.D.(Address) 1110 Broadway Columbia, Mo.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.  
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**1. PLACE OF DEATH**

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia

File No. \_\_\_\_\_  
Registered No. 197  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1308 Rosemary 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 5 23

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

9. Industry or business in which work was done, as silk mill, sawmill, paper, 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 11/8/1935 Allie Selby Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1935

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Myocardial Insufficiency Date of onset \_\_\_\_\_

(Chronic Myocarditis)

Other contributory causes of importance:  
General Anasarca  
Pulmonary Congestion

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. G. Eschliman, M. D.

(Address) Columbia Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE

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