WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

36589

DEC 19 1935

1. PLACE OF DEATH
County: Lincoln — Registration District No.: 490 — File No.:
Township: Union — Primary Registration District No.: 5653 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: William Ulery

(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 35 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 31-1851

7. AGE: Years 84 — Months — Days 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agriculture
10. Date deceased last worked at this occupation (month and year): 1921
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elsberry Missouri

FATHER
13. NAME: James Ulery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER
15. MAIDEN NAME: Eeligabith Palmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Belle Ulery Briscoe Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Briscoe, Mo. DATE: 11/24/35, 19

19. UNDERTAKER (ADDRESS): W. R. Vomund Silex, Mo.

20. FILED 12-6-1935. O. H. Damron Registrar.

MEDICAL CERTIFICATE OF DEATH (22)

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1935, to 11/22, 1935
I last saw him alive on 11/8, 1935. Death is said to have occurred on the date stated above, at 3:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	—
Other contributory causes of importance:	
Chronic Myocarditis	

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?
If so, specify: —
(Signed) J. L. Hoerger, M. D.
(Address) J. Whiteside - Mo