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.

DEC 20 1935

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

Do not use this space.

37053

1. PLACE OF DEATH

County Randolph — Registration District No. 734 — File No.

Township — Primary Registration District No. 5968 — Registered No.

City Jacksonville, (No. , St. Ward)

2. FULL NAME David Elwood Nulf,

(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 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 (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Ann Taylor Nulf.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20-1859

7. AGE — YEARS 76 — MONTHS 4 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

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, saw mill, bank, etc. Retired Farmer

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) Logansport, Ind.

FATHER

13. NAME David Elwood Nulf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Port Ind.

MOTHER

15. MAIDEN NAME Mary Thompson

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

17. INFORMANT (ADDRESS) Hazel Shoffner Jacksonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Salem DATE Nov 17 35

19. UNDERTAKER (ADDRESS) Show Funeral Home Moberly, Mo.

20. FILED Nov 17 1935 R M Cater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 35. 19

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1934 to Nov 15, 1935

I last saw him alive on Nov 15, 1935 Death is said to have occurred on the date stated above, at 10.30 m. AM

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

Haemorrhage from Temporal Artery

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Date of onset

Other contributory causes of importance:

Carcinoma in temporal region

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? yes

If so, specify

(Signed) John P. Allen, M. D.

(Address) Cairo Mo.