FEB 19 1936

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

Do not use this space.

1038

1. PLACE OF DEATH

County: Henry — Registration District No. 347 — File No.

Township: Clinton — Primary Registration District No. 3018 — Registered No.

City: Clinton (No. ..... St. ..... Ward)

2. FULL NAME Verna Elsie Gull

(a) Residence, No. 224 W. Rogers 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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Otis Wm Gull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	30	1	14	

OCCUPATION

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Clinton Mo

FATHER

13. NAME Crit Lawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Bolivar Mo

MOTHER

15. MAIDEN NAME Mary Kizer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Clinton Mo

17. INFORMANT (ADDRESS) Mrs Rogers Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 1-20 1936

19. UNDERTAKER (ADDRESS) Wilkerson Funeral Home Clinton Mo

20. FILED 1-21 1936 J R Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936, to Jan 18 1936

I last saw her alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 9:30 P m.

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

	Date of onset
Pulmonary Tuberculosis	
	Second Grade Standing

Other contributory causes of importance:

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

What test confirmed diagnosis? Clinical — 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 W Nolen, M. D.

(Address) Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupations is very important.