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

Do not use this space.

JUN 17 1936

File No. 2/18560

Registered No.

1. PLACE OF DEATH

County Boone

Township Bourbon

City Sturgeon (No. ..... St. ..... Ward)

Registration District No. 79

Primary Registration District No. 5116

2. FULL NAME Geo Tull (Geo. W. Tull)

(a) Residence, No. ..... 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1863

7. AGE: Years 72 | Months 7 | 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. Musician

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) Indiania

FATHER

13. NAME John Tull

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

MOTHER

15. MAIDEN NAME Amanda New

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

17. INFORMANT (ADDRESS) Karl T. Davis, Sturgeon, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Breckenridge, Mo DATE May 31, 1936

19. UNDERTAKER (ADDRESS) Burton and Lambier, Higbee, Mo.

20. FILED May 31 1936 E. R. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28-1936

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1936, to May 29, 1936

I last saw him alive on May 28, 1936. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Valvular heart disease and Bronchial pneumonia	

Other contributory causes of importance:

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? No

If so, specify .....

(Signed) [illegible], M. D.

(Address) Clark Mo.

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.