WRITE PL... 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.

JUL 24 1936

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

Do not use this space.

23555

1. PLACE OF DEATH
County Marion
Township Mason
City Hannibal
Registration District No. 547
Primary Registration District No. 3029
(No. Levering Hospital St. Ward)
File No.
Registered No. 184

2. FULL NAME Thomas P. Hulse
(a) Residence, No. Rensalear, Mo 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. 3 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 Mary V Hulse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1862
7. AGE YEARS ~~74~~ ~~79~~ 73 MONTHS ~~9~~ 11 DAYS 12 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. Farming
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Missouri

FATHER
13. NAME David C Hulse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Missouri

MOTHER
15. MAIDEN NAME Rebecca Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Missouri

17. INFORMANT (ADDRESS) Champ C Hulse Rensalear Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Center DATE July 1 1936
19. UNDERTAKER (ADDRESS) Giles R Hulse Center Mo
20. FILED June 30 1936 W. C. Fisher Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1936
22. I HEREBY CERTIFY, That I attended deceased from March 1936, to June 30 1936
I last saw him alive on June 30 1936 Death is said to have occurred on the date stated above, at 1:45a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of prostate

Other contributory causes of importance:
mestases to lungs and mediastinum

Name of operation Prostatectomy Date of March 1936
What test confirmed diagnosis? Biopsy 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 Reichmann, M. D.
(Address) 1001 Bdwy Hannibal Mo.