

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

Do not use this space.

29714

AUG 14 1936

1. PLACE OF DEATH

County Adair  
Township  
City Kirksville (No. 4)

Registration District No. 4  
Primary Registration District No. 3091  
Drum Smith Hosp

File No. ....  
Registered No. 172  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Drum Smith Hosp. St. Ward. Brookville, Pla  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Letha Nulton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8-1860

7. AGE YEARS 76 MONTHS 4 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Drakesville Ia.

MOTHER 13. NAME Erastus Nulton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Ohio

15. MAIDEN NAME Sarah K. Clements

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville Ill.

17. INFORMANT Dr. Ida Nulton (ADDRESS) Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cemetery DATE Aug 3 1936 (ADDRESS) Lancaster Mo.

19. UNDERTAKER John A. Roberts (ADDRESS) Lancaster Mo.

20. FILED Aug 3 1936 Spencer Newman Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936, to Aug 2, 1936  
I last saw him alive on Aug 2, 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cholelithiasis  
Cholecystitis  
(pyogenic gall-bladder)  
infection

Date of onset 1936  
6/19/36

Other contributory causes of importance: 126

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) J. H. Kemp M. D.  
(Address) Brookville, Missouri

Every year or 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.

NOV 23 1957