

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

Do not use this space.

31649

1. PLACE OF DEATH **SEP 25 1936**

County Madison  
Township Madison  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3029  
(No. Lewisburg Hospital)

File No. \_\_\_\_\_  
Registered No. 217 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Julia Oulp (Widow)  
(a) Residence, No. 2730 Market St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henny C</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 17, 1908</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homemaker</u>	
	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) <u>Ill</u>		
MOTHER	13. NAME <u>Russell Love</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
	15. MAIDEN NAME <u>Maryetta Lawson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Mr. Henny Oulp</u> (ADDRESS) <u>2730 Market Hannibal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Vincent</u> DATE <u>Aug. 25, 1936</u>		
19. UNDERTAKER <u>James O'Sullivan</u> (ADDRESS) <u>Hannibal Ill</u>		
20. FILED <u>Aug. 10, 1936</u> <u>H. C. Fisher</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936 to Aug. 4, 1936  
I last saw her alive on Aug. 4, 1936. Death is said to have occurred on the date stated above, at 4:40 p.m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis Date of onset 8-7-36  
1426  
Other contributory causes of importance:  
Ectopic pregnancy

Name of operation Exp. Salpingectomy Date of 8-23-36  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. Hadesty, M. D.  
(Address) \_\_\_\_\_

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

