

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

Do not use this space.

42 **OCT 20 1936**

1. PLACE OF DEATH
County Buchanan
Township
City St Joseph Mo (No. State Hosp #2)

Registration District No. 85
Primary Registration District No. 1001

File No. 33714
Registered No. 1183
St. _____ Ward _____

2. FULL NAME Olive Hulse

(a) Residence, No. St Joseph Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1864

7. AGE YEARS 72 MONTHS 0 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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. Home
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Records - State Hosp #2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Buchanan Indiana DATE Sept 17 1936

19. UNDERTAKER Chas Mortuary (ADDRESS) 5823 Long Street

20. FILED Sept 17, 1936 H. J. Nestleburg Registrar (Address) State Hosp #2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1936 to Sept 16 1936

I last saw her alive on Sept 16 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Diabetes Mellitus with
Gangrene of RT Foot
General Arteriosclerosis

Other contributory causes of importance:

None

Name of operation _____ Date of _____
What test confirmed diagnosis Laboratory 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? No

If so, specify _____ (Signed) E. E. O'Leary M. D.
(Address) State Hosp #2

WRITE PLAINLY, 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.

