

NOV 27 1936

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

Do not use this space.

37287

## 1. PLACE OF DEATH

County Franklin Registration District No. 293  
Township IDAHO Primary Registration District No. 5411  
City (No. Catawissa, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME George Hull

(a) Residence, No. Catawissa, 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. 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) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice M.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanging  
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) 10 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Utica  
(STATE OR COUNTRY) New York13. NAME Albert E. Hull14. BIRTHPLACE (CITY OR TOWN) Utica  
(STATE OR COUNTRY) New York15. MAIDEN NAME Emiley Couch16. BIRTHPLACE (CITY OR TOWN) England  
(STATE OR COUNTRY)17. INFORMANT Laura C. Hull  
(ADDRESS) 4523 Evans Ave.18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peters DATE 10/15/36 1919. UNDERTAKER Hull & Kellie  
(ADDRESS) 1516 N. Taylor St.20. FILED 11-8 1936 26  
D. L. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13<sup>th</sup> 193622. I HEREBY CERTIFY, That I attended deceased from April 30<sup>th</sup> 1935 to 50 Oct 13<sup>th</sup> 1936I last saw him alive on several weeks ago 1936. Death is said to have occurred on the date stated above, at 9 a m.

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

Arterio Sclerosis

Other contributory causes of importance:

Senile marasmus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO23. 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. H. H. H. M. D.(Address) 4607 East 10th

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.

MISSOURI STATE BOARD OF HEALTH—PERMANENT RECORD

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