DEC 4 1936

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

Do not use this space.

38927

File No.
Registered No. 303

1. PLACE OF DEATH
County St. Louis
Township Normandy
City Overland (No. 2808 Wise Ave St. Ward)
Registration District No. 789
Primary Registration District No. 6033

2. FULL NAME James J. Hull
(a) Residence, No. 2808 Wise 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): married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF: Emily Hull
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14, 1853
7. AGE: Years 83 | Months 3 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Bond Co. Ill.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): –

MOTHER
15. MAIDEN NAME: –
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): –

17. INFORMANT (ADDRESS): Roy Hull, 2808 Wise ave. Overland, Mo.
18. BURIAL, CREMATION, OR REMOVAL: PLACE Carlyle, Ill. DATE 10/25/1936
19. UNDERTAKER (ADDRESS): Heyman Bros. Inc. Overland, Mo.
20. FILED 10-23 1936 L. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 23 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1936, to Oct. 23, 1936
I last saw him alive on Oct - 22, 1936 Death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	10/20/36
Other contributory causes of importance: (apoplexy) Apoplexy	10/3/31

Name of operation — Date of —
What test confirmed diagnosis? 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) Roy A. Walther M. D.
(Address) 2438 Woodson Rd. Overland

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.

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