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NOV 4 1936

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

Do not use this space.

791

39387

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10426

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo. (No. City Hospital St. ..... Ward)

2. FULL NAME Willey Eaton Hulett

(a) Residence, No. 1205 Chambers St. St., 26 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: Ester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 29, 1872

7. AGE: YEARS 64 MONTHS 5 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not employed

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): North Platte Nebraska

FATHER

13. NAME: Willey Eaton Hulett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Delila Lucas

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

17. INFORMANT (ADDRESS): A. C. Warfel 7120 Nottingham

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE 10/17/36, 19

19. UNDERTAKER (ADDRESS): Edith E. Ambrister 4234 Manchester

20. FILED OCT 16 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3-30P.-M1;05 P.

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

Tetanus, following infected laceration of scalp received in fall into privy at residence, October 5,1936, at about 5;45 P. M.

Date of onset

Other contributory causes of importance: Chronic Myocarditis

1860

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/5, 19 36

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) [signature]

10/16/36

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.