

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.

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

Do not use this space.

40538

DEC 18 1936

1. PLACE OF DEATH
 County Callaway Registration District No. 102
 Township Jackson Primary Registration District No. 5150
 City Jackson (No. _____) St. _____ (Ward _____)

2. FULL NAME Rosia Hultz
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>8</u>	<u>28</u>	

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

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) Unknown (STATE OR COUNTRY) Ark.

FATHER

13. NAME Samuel Hultz

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

MOTHER

15. MAIDEN NAME Emily Williams

16. BIRTHPLACE (CITY OR TOWN) Morgan Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Bertha Walker (ADDRESS) Auxvase Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Harmony DATE 11/27 36

19. UNDERTAKER Hughes Mausier (ADDRESS) Auxvase Mo.

20. FILED Nov 27 1936 B. B. Nichols Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 36

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1936, to Nov 26, 1936.
 I last saw her alive on Nov 22, 1936. Death is said to have occurred on the date stated above, at 1309 m.
 The principal cause of death and related causes of importance were as follows:
Thrombosis in the heart
Had been severely injured a few days before causing thrombosis
 Other contributory causes of importance:
was injured by a buck sheep that attacked her

Name of operation _____ Date of _____
 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 Nov 20, 1936
 Where did injury occur? her home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. home
 Manner of injury Butted by a buck sheep
 Nature of injury fatally wounded

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) B. B. Nichols M. D.
 (Address) Auxvase Mo

