FEB 16 1937

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

Do not use this space.

789

1. PLACE OF DEATH
32. County DeKalb
Township ~~Camden~~
City Maysville, Mo (No. ..... , ... St. ..... Ward)

Registration District No. 259
Primary Registration District No. 4158

File No. .....
Registered No. .....

2. FULL NAME Arda Hull

(a) Residence, No. Maysville, 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth Hull

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) DeKalb Co. Missouri 1

FATHER
13. NAME Thomas Hull 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER
15. MAIDEN NAME Sarah Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mary Elizabeth Hull Maysville, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fairport Mo DATE 1/19/37 19

19. UNDERTAKER (ADDRESS) U. G. Pilcher Maysville, Mo.

20. FILED 2-1 1937 Ethel H Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jany 10, 1937, to Jany. 16, 1937.
I last saw him alive on Jany 16, 1937. Death is said to have occurred on the date stated above, at 12:10A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/10/37
Other contributory causes of importance:	
Arterio-sclerosis	1926
Cardio-nephritis	

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 ....., 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) [signature], M. D.
(Address) Maysville Mo.

9562

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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