

FEB 17 1937

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

Do not use this space.

1827

1. PLACE OF DEATH

47 County *Jasper*
Township *Lincoln*
City (No. *2*)

Registration District No. *410*
Primary Registration District No. *5567*

File No. *3*
Registered No. *3* St. _____ Ward _____

2. FULL NAME

Lawson Gulick

(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

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Sallie Gulick</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 28 - 1856</i>		
7. AGE	YEARS <i>80</i>	MONTHS <i>6</i>
	DAYS <i>91</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>farmer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>1</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <i>31</i>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 29 - 1937*

22. I HEREBY CERTIFY That I attended deceased from *Nov. 18 - 1936* to *Jan. 6 - 1937*

I last saw him alive on *Jan 6 - 1937*. Death is said

to have occurred on the date stated above, at *10 a. m.*

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

80

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? *No.*
If so, specify _____

(Signed) *J. A. Hope* M. D.

(Address) *Golden City Mo. R#1*

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>
	13. NAME <i>John Jackson Gulick</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>
	15. MAIDEN NAME <i>Lou Hamm</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>
	17. INFORMANT <i>J. W. Gulick</i> (ADDRESS) <i>Morrisville, Mo.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Willa Cem. Assn. Co.</i> DATE <i>Jan. 30 1937</i>	
19. UNDERTAKER <i>C. G. Phillips</i> (ADDRESS) <i>Golden City Mo.</i>	
20. FILER <i>Feb 3 1937 J. E. Hook</i> Registrar.	

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

