

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.

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 391  
Township Dean Primary Registration District No. 1002  
City Kansas City (No. 72 C Gen Hosp.)

File No. -6277  
Registered No. (125)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Anthony Hulse

(a) Residence, No. 1319 W 2nd 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1937 to 2-3 1937  
I last saw him alive on 2-3 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1936

to have occurred on the date stated above, at 11:15 P.M.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
6 Mos 20

Date of onset Bilateral Bronchopneumonia Primary

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
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 \_\_\_\_\_

Other contributory causes of importance: 107a

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

MOTHER FATHER 13. NAME Drac Hulse

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.

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

15. MAIDEN NAME Patsy Bartholomew

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

17. INFORMANT De ued Clerk  
(ADDRESS) 72 C Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Court DATE 2-6 1937

19. UNDERTAKER Quirk & Tobin  
(ADDRESS) 20 W. Belmont

20. FILED 27 5 1937 M. M. Crowe Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. H. De Maria M. D.  
(Address) Sup't 72 C Gen Hosp

