

MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

1 County Balis Registration District No. 50
Township _____ Primary Registration District No. 3004
4 City Burns (No. _____ St. _____ Ward _____)

File No. 15637Registered No. 34

2. FULL NAME

(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 female 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 J. H. Hull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1871

7. AGE YEARS 65 MONTHS 4 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Bates Co (STATE OR COUNTRY) Mo.

13. NAME E. P. Henry

14. BIRTHPLACE (CITY OR TOWN) Maryetta (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Gertrude Garrison

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

17. INFORMANT J. T. Hull (ADDRESS) Burns, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. M. Hill DATE April 23, 1937

19. UNDERTAKER Culver (ADDRESS) Burns Mo

20. FILED 4 / 23, 1937 Nina K Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937 to April 21, 1937

I last saw him alive on Apr 21, 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Chr. Myocarditis
Coronary Occlusion

Other contributory causes of importance:

Chr. Hypertension
with Generalized
Atherosclerosis

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) Carter W. Lutes, M. D.

(Address) Burns, Mo.

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.

