JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 296 — File No. 23655
Township — Primary Registration District No. 4180 — Registered No.
City Union (No. , St. Ward)

2. FULL NAME Charles W. Hults
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cynthia Wilson Hults

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 10, 1852

7. AGE: YEARS 85 — MONTHS 6 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Laborer
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) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Charles Hults
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Lulu B. Hults

18. BURIAL, CREMATION, OR REMOVAL: Prospect Cemetery
PLACE St. Clair, Mo. DATE July 16, 1937

19. UNDERTAKER (ADDRESS): Union Furn. Co. (W.H. Horn) Union, Missouri

20. FILED July, 1937 J. Rowarshall M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to 7-14, 1937
I last saw him alive on 7-13, 1937. Death is said to have occurred on the date stated above, at 8 30/4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance: 162

Name of operation — Date of
What test confirmed diagnosis? Physical — Was there an autopsy? No

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) S.M. Denny, M. D.
(Address) Union 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.