

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Morgan
Township Morgan
City Versailles (No. 2)

Registration District No. 598
Primary Registration District No. 4355

File No. 24387
Registered No. 24

2. FULL NAME

(a) Residence, No. Martha Frances Hulett 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 FM 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John B. Hulett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5-1858

7. AGE YEARS 79 MONTHS 2 DAYS 22 If LESS than 1 day, hrs. or min.

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.
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) Martin Stokes Co. North Carolina

13. NAME Mrs. H. Padgett

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Fernelia M. Pringle

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) North Carolina

17. INFORMANT M. F. Hulett
(ADDRESS) Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles, Mo DATE June 29, 1937

19. UNDERTAKER W. J. Redwine
(ADDRESS) Versailles, Mo

20. FILED July 3, 1937 M. F. Hulett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 17, 1937 to June 27, 1937

I last saw her alive on June 26, 1937 Death is said to have occurred on the date stated above, at 7 A. m.

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

Fracture left hip -
Arterial sclerosis

Other contributory causes of importance: Arterial sclerosis

Name of operation Date of

What test confirmed diagnosis? 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) A. J. Gunn M. D.

(Address) Versailles, Mo.

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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CLASSIFIED BY: [REDACTED] DATE: [REDACTED] REASON: [REDACTED]
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194B

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Morgan
Township _____
City Versailles (No. _____)

Registration District No. 598
Primary Registration District No. 4355

File No. 24387
Registered No. 24 St. _____ Ward)

2. FULL NAME

Martha Frances Helett

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 3 22

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED July 3 1917 M. F. Helett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 27 1917

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. 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:

Fracture of left hip Date of onset _____

Other contributory causes of importance: 1860

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? Accident Date of injury 3 - 22, 1917

Where did injury occur? at home - Versailles Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. fell on living room of home

Manner of injury _____

Nature of injury Fracture of left hip

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. J. Gunn, M. D.

(Address) Versailles Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ALL PHYSICIANS SHOULD BE STATED EXACTLY.

24387