SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No. 29974

Township — Primary Registration District No. 3001 — Registered No. 178

City Kirksville (No. (Grim-Smith Hosp) St. Ward)

2. FULL NAME Anna Pearl Hulse Hulse

(a) Residence, No. Kirksville, Mo. R.R. St., # 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter H. Hulse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. I 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	5I	8	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

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) Scotland Co. Missouri

FATHER

13. NAME Thomas Tablott

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

MOTHER

15. MAIDEN NAME ------ Gundy

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

17. INFORMANT (ADDRESS) E.G. Hulse Kirksville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Hill Cem DATE Aug. 3I, 1937

19. UNDERTAKER (ADDRESS) Davis Funeral Home Kirksville, Mo

20. FILED Aug 30 1937 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to Aug 29, 1937

I last saw her alive on Aug 29, 1937 Death is said to have occurred on the date stated above, at 100 p.m.

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

Pelvic abscess probably appendix

(Specific germ not identified)

Date of onset

Other contributory causes of importance:

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Name of operation Post Vaginal Section Date of 6-18-37

What test confirmed diagnosis? op — 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 B Leaumb, M. D.

(Address) Kirksville 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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