

SEP 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30126

1. PLACE OF DEATH

County Beechman Registration District No. 85
 Township St. Joseph Primary Registration District No. 10012
 City St. Joseph (No. 716 Concord)

File No. 852
 Registered No. 852
 St. Ward

2. FULL NAME

Lorandine Hull
 (a) Residence, No. 716 Concord St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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 Female 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 9 11

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1937
 22. I HEREBY CERTIFY, That I attended deceased from Apr. 21 1937, to Aug 4 1937
 I last saw h. e. alive on Aug 4 1937. Death is said to have occurred on the date stated above, at 9:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis 1932
Chronic emphysema 1933
 Other contributory causes of importance: Chronic adenotonsillitis

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grade School
 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) St. Joseph Mo
 13. NAME Alfred A. Hull
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know
 15. MAIDEN NAME Hazel Woodford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know
 17. INFORMANT (ADDRESS) Alfred A. Hull St. Joseph Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Aug 6 1937
 19. UNDERTAKER (ADDRESS) Stoney Funeral Home St. Joseph Mo
 20. FILED 8/4 1937 W. H. Muthnick Registrar

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) W. H. Francis, M. D.
 (Address) 706 Francis

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.

