SEP 15 1937
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 30182
Township — Primary Registration District No. 1001 — Registered No. 909
City St Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME Alonzo Tull
(a) Residence, No. Platte City Mo St., Ward. Platte City Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 5 mos. 26 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) ~~Single~~
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 66.
7. AGE YEARS 66 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Nil
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) Tracy Mo.

FATHER
13. NAME Tull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donat Know

MOTHER
15. MAIDEN NAME Do Not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " "

17. INFORMANT (ADDRESS) #2 Hospital Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City DATE 8/20 1937
19. UNDERTAKER (ADDRESS) Rollins Funeral Home Platte City, Mo
20. FILED 8/19 1937 H J Neuthbush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1935, to Aug 19 1937
I last saw him alive on Aug 18, 1937. Death is said to have occurred on the date stated above, at 330 A.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis — Date of onset
Other contributory causes of importance: 23
Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) J R Bunch, M. D.
(Address) State Hospital #2.

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.