

NOV 16 1937

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

Do not use this space.

37363

1. PLACE OF DEATH
 County Carroll Registration District No. 135-2
 Township Carrollton Primary Registration District No. 30.10.1 File No. _____
 City Carrollton (No. _____) St. _____ Ward _____ Registered No. 82

2. FULL NAME Harry W Jull
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 12

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

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) Carrollton Mo.

13. NAME Littleton Jull

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

15. MAIDEN NAME Ruth Clinkscales

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

17. INFORMANT (ADDRESS) Sarah Hagle Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hills DATE Oct. 3, 1937

19. UNDERTAKER (ADDRESS) Standard Funeral Home Carrollton Mo.

20. FILED 10-2 1937 Ruth Harkness Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1937, to Oct. 1, 1937.

I last saw him alive on Oct. 1st, 1937. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Cerebral hemorrhage -
arterio-sclerotic -

Date of onset

Other contributory causes of importance:

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? _____ Date of injury _____, 1937
 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? _____
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) [Address]

11
3
4

OCCUPATION
MOTHER
FATHER

1
2
3

Exact statement of OCCUPATION is very important. Do not use this space.

