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

Do not use this space.

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1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No. 3168
Township — Primary Registration District No. 4249 — Registered No. 5
City Festus mo. (No. ..... St. ..... Ward)

2. FULL NAME Connie Jerrine Hults 432
(a) Residence, No. 303 Henry St. 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: Female
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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-4 1937
7. AGE: YEARS 0 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Festus mo 0

FATHER
13. NAME Clarence Hults 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair mo. 1

MOTHER
15. MAIDEN NAME Ethel Helton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Clarence Hults Festus mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Clair mo DATE 1-11- 1938
19. UNDERTAKER (ADDRESS) Duester E. Vinyard Festus mo.
20. FILED 1/12 1938 J E Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 9, 1938, to Jan 9, 1938
I last saw h. 7 Pm alive on Jan 9, 1938. Death is said to have occurred on the date stated above, at 9 30 P m.
The principal cause of death and related causes of importance were as follows:

Whooping cough

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation none 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?
If so, specify
(Signed) Dr B E Edwards DC 2 M. D.
382 (Address) Festus mo

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.

RECEIVED
FEB 25 1938
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MO. STATE BOARD OF HEALTH