REC'D MAR 20 1938

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

Do not use this space.

6880

1. PLACE OF DEATH
County Hickory — Registration District No. 365 — File No. 4
Township Wheatland — Primary Registration District No. 5511 — Registered No.
City Wheatland Mo (No. ..... St. ..... Ward)

43

2. FULL NAME Joseph William Dull 400
(a) Residence, No. Wheatland St., ... 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: Male
4. COLOR OR RACE: wt
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) Dec 27, 1865

7. AGE — YEARS: 72 — MONTHS: 1 — DAYS: 4 — 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.
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) Davis Co. Mo.

FATHER
13. NAME Martin Dull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Martha Critton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs C C Sutt Wheatland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kingparrie DATE 2/3 1938

19. UNDERTAKER (ADDRESS) Lukey Funeral Home Wheatland Mo

20. FILED 2-2 1938 Mrs. A. S. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from —, 1934, to February 1 —, 1938
I last saw him alive on Jan - 27 -, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	Unknown
87B2 -	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Physical. 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. S. Johnston, M. D.
(Address) Wheatland, 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.