

REC'D APR 14 1938

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

10135

Do not use this space.

1. PLACE OF DEATH

11 (a) County Buchanan 9 Registration District No. 85
 5 (b) Township Primary Registration District No. 1001 Registered No. 272
 7 (c) City St. Joseph (d) Street No. Victorian Court, 809 No. 25th St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Laura Evora Hull 400

(a) Residence, No. 809 No. 25th St. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Mar, 27, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 11 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. School teacher.
 10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Cincinnati,
(STATE OR COUNTRY) Ohio.13. NAME James S. Hull14. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) Ohio.15. MAIDEN NAME Ellen Long16. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) Ohio.17. INFORMANT Albert L. Bartlett Jr.
(ADDRESS) 2028 Faraon St.18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Illinois. DATE Mar, 4, 193819. FUNERAL DIRECTOR Walter Meichhofer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.20. FILED Mar 3, 1938 J. H. Neithaus
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 2, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to March 2, 1938.
 I last saw her alive on March 1, 1938. Death is said to have occurred on the date stated above, at 8.00 m. A.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion of Heart & Cardiac Failure
 Date of onset 2/2/38
94 B.

Other contributory causes of importance:

Senility
arterio Sclerosis
Chr. Arthritis

Name of operation none Date of
 What test confirmed diagnosis Phys. Ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 19.....
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify J. H. Thompson, M. D.
 (Signed) J. H. Thompson, M. D.
 (Address) 825 Charles St. St. Joseph, Mo.

Walter H. Kelly

STATEMENT BY LICENSED EMBALMER

I, *Walter H. Kelly*, Licensed Embalmer No. *Mo 3946*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *myself*

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *Walter H. Kelly*

Licensed Embalmer No. *Mo 3946*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)