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.

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

REC'D AUG 24 1938

Do not use this space.

1. PLACE OF DEATH
County Crawford — Registration District No. 231 — File No. 25178
28 Township Meramec — Primary Registration District No. 5314 — Registered No.
City Steelville (No. , St. Ward)

2. FULL NAME Sharon Hulsey 420
(a) Residence, No. 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: 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) November 18th, 1937.

7. AGE — YEARS: — MONTHS: 8 — DAYS: 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Steelville, Missouri 0

FATHER
13. NAME James Hulsey 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keysville, Mo. 0

MOTHER
15. MAIDEN NAME Hazel Gray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vibrunum, Missouri

17. INFORMANT (ADDRESS) Mrs. James Hulsey Steelville, Star Route, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keysville, Mo. DATE July 12th, 1938

19. UNDERTAKER (ADDRESS) Jas. H. Hollow, Cuba, Missouri

20. FILED 8-10 1938 C R Gibbs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to July 11, 1938
I last saw her alive on July 11, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Acute Enteric Colitis — Date of onset
119 B

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, 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) R. C. Parker, M. D.
207 (Address) Steelville Mo