

REC'D AUG 25 1938

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

25910

Do not use this space.

## 1. PLACE OF DEATH

(a) County Mercer Registration District No. 556  
(b) Township Morgan Primary Registration District No. 4378  
(c) City Princeton (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 38

## 2. PRINT FULL NAME

Edgar P. Dull 400  
(a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Dull  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 5 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stone cutter  
9. Industry or business in which work was done, as saw mill, bank, etc. monuments  
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) Boothtowny  
Decatur Co. Iowa13. NAME James H. Dull14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Phoebe Booth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT (ADDRESS) Ray Dull  
Princeton, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Princeton July 31, 3819. FUNERAL DIRECTOR (ADDRESS) Thel. Males  
Princeton, Mo20. FILED 7/20 1938 J. M. Perry Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 193822. I HEREBY CERTIFY, That I attended deceased from July 16, 1938 to July 29, 1938I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 9 pm

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

Myocardial reorganization  
Phlebitis  
131  
Date of onset 7/16/38  
7/14/38

Other contributory causes of importance: Chronic interstitial nephritisName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Physiologic 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) J. M. Perry M. D.Date (month, day, and year) 7/29-38 Princeton, Mo

STATEMENT BY LICENSED EMBALMER

I, Nael Mass, Licensed Embalmer No. 2634  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Nael Mass  
Licensed Embalmer No. 2634

**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.)**