

REC'D MAR 13 1939

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

7168

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Masson Primary Registration District No. 3029 Registered No. 47
 (c) City Hannibal (d) Street No. 3301 St. Marys Avenue 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 26 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

William Dennis Bull
 (a) Residence, No. 3301 St. Marys Avenue St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Martha A. Bull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 8, 1865

7. AGE YEARS 74 MONTHS - DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Chiropractor
 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) Washington, Iowa13. NAME John Bull14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Elizabeth Page16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania17. INFORMANT (ADDRESS) Martha A. Bull
Hannibal, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Hellman Cemetery DATE February 7, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Robt. P. Schwartz
Hannibal, Missouri20. FILE NO. 10-6 1939 W. E. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5, 193922. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1939, to Feb 5, 1939

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:50 A.M.

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

Angina pectoris Date of onsetChromyocarditisHypertension 94.0

Other contributory causes of importance:

Name of operation none Date of.....What test confirmed diagnosis? clm 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) J. P. Reburn, M. D.Address 1001 Day Hannibal Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Ray P. Schwartz

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Ray P. Schwartz

Licensed Embalmer No.

1763

P. O. Address

Hannibal, Mo

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.)

If this body is not embalmed, above space should be left blank.