

156 JUL 14 1939

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

Do not use this space.

1. PLACE OF DEATH
 51 County Madison 2 Registration District No. 532
 6 Township Le Plata 1 Primary Registration District No. 4318
 0 City Le Plata (No. 400) St. _____ Ward _____
 2. FULL NAME Joseph Peaty Dull
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

File No. 22621
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. Widowed 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3 - 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 5 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1939
 22. I HEREBY CERTIFY That I attended deceased from June 17 1939, to June 17 1939.
 I last saw him alive on June 17 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Pernicious Anemia -
Diabetes mellitus -

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) H. O. Newton M. D.

475 (Address) Le Plata MO.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kendaville Ind.
 MOTHER FATHER 13. NAME Wm Dull 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 9
 15. MAIDEN NAME Mary Ritchie 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT Welbert Dull
 (ADDRESS) Le Plata MO
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Le Plata DATE June 19 1939
 19. UNDERTAKER D. S. Christie
 (ADDRESS) Le Plata MO
 20. FILED June 19 1939 Louise J. Smith
 Registrar.

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.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1190

Date Filed July 11, 1939