

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

Do not use this space.

17571

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas city (No. 4629 Liberty) St. _____ Ward _____

File No. _____
 Registered No. 2098

2. FULL NAME

Claude Edward Hullett (Claude Edw. Hullett)

(a) Residence, No. 4629 Liberty St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Hulda Hullett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-24-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 11 27

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. Express Messenger

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Minn.

13. NAME William H. Hullett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Penna

15. MAIDEN NAME Amelia Stead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorkshire England

17. INFORMANT (ADDRESS) Mrs. A. R. Young Gardner, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardner, Ky DATE May-23-1940

19. UNDERTAKER (ADDRESS) H. C. Patterson Gardner, Kansas

20. FILED May 21, 1940 W. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938, to May 21, 1940
 I last saw him alive on May 19th, 1940. Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Myocardial failure
Arteriosclerosis
Hypertension
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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) Edwin C. Carter, M. D.
 (Address) 242 Plaza Medical Bldg

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.

JUN 17 1940

JAN 20 1947