

FILED MAR 25 1941

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

Do not use this space.

7891

## 1. PLACE OF DEATH

County Pulaski  
Township Cullen  
City (No. ....)Registration District No. 713 File No. 85  
Primary Registration District No. 5742 Registered No. 0  
St. .... Ward)

## 2. FULL NAME

Joe Null

(a) Residence, No. Cullen Mo. J. P. Pulaski Co. Mo.  
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 3
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Null		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/21/1874		
7. AGE YEARS 66	MONTHS 11	DAYS 16
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	
	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) Pulaski Co., Mo. 5		
FATHER	13. NAME Thomas Null	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7	
MOTHER	15. MAIDEN NAME Catherine Helms	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7	
17. INFORMANT Otha Null (ADDRESS) Dixon, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Seaton DATE 2/10/41 19		
19. UNDERTAKER Fred H. Gilbert (ADDRESS) Dixon, Mo.		
20. FILED 219 141 <u>[Signature]</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1941

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

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

to have occurred on the date stated above, at 3 P. m.

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

Date of onset

Coronary thrombosis  
(Found dead in barn -  
got an hour after  
his light the house)

94 W

Name of operation ..... Date of .....  
What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) E. Mallett, Coroner 3, M. D.

(Address) Crocker, Mo.

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.

RECEIVED

District Health Officer No. 5,

District File Number 341423

Date Filed \_\_\_\_\_