

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

Do not use this space.

5489

1. PLACE OF DEATH

47 County Henry Registration District No. 347
 48 Township Clinton Primary Registration District No. 3018
 7 City Clinton Mo. (No. _____) St. _____ Ward _____

File No. _____

Registered No. 135-

2. FULL NAME

JAMES R. HULGAR

(a) Residence, No. 313 West Clinton St. Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Hulgar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>10</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farmer 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 98

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

13. NAME " "

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Kathael Haase
 (ADDRESS) 312 West Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Wk alive
 PLACE Cole Camp Mo DATE 2-10-33

19. UNDERTAKER Fred Williamson
 (ADDRESS) Clinton Mo

20. FILED 2/10 1933 Ed C. Peeler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-33

22. I HEREBY CERTIFY, That I attended deceased from 5-06 yrs, 1924, to Feb 8, 1933

I last saw h. alive on, 1924. Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Diabetes Mellitus from over
exposure of fat
59

Name of operation None Date of _____
 What test confirmed diagnosis? Chemist 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. Miller, M. D.
 (Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD FEB 27 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.

