

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.

12

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

Do not use this space.

FEB 25 1935

5120

1. PLACE OF DEATH

County Her. B. Y. Registration District No. 347
Township..... Primary Registration District No. 2018
City Clinton St. Ward.....

File No.
Registered No. 91

2. FULL NAME

CHARLEY Hulen
(a) Residence, No. 110 W. 2nd St. Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Hulen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-19-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Sweden Mo

13. NAME Alonso Hulen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Anna Alacton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Leona Hulen Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Mo DATE 2-5-35

19. UNDERTAKER (ADDRESS) Wet Wilkerson Clinton Mo

20. FILED 9 1935 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-35

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 to Jan 2 1935

I last saw him alive on Feb 2 1935 Death is said to have occurred on the date stated above, at 10:1 P.m.

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

He fell on the Jones Street bridge over the river and struck. Death was due to asphyxia. He was unconscious after falling & died in that state.

Other contributory causes of importance:

He had been well before this with the exception of a sprained leg. He seemed well that day and had been working every work day.

Name of operation..... 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..... 1935

Where'did injury occur? None. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None.

Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) W. J. Jennings M. D.

(Address) Clinton Mo

