

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

APR 20 1937

1. PLACE OF DEATH

County Henry  
Township Parks  
City Clinton (No. ....)

Registration District No. 355  
Primary Registration District No. 5497

File No. 12050  
Registered No. 2 St. .... Ward)

2. FULL NAME

Mary Elizabeth Hull

(a) Residence, No. .... St., .... Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jerry M Hull</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3 - 1871</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>9</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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 <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co Mo</u>		
13. NAME <u>Charles J. Woodson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barren Co Ky</u>		
15. MAIDEN NAME <u>Mary M. Thomas</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co Mo</u>		
17. INFORMANT (ADDRESS) <u>M M Hull Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stone Chapel</u> DATE <u>Mar 21 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Paul E. Wilkinson Clinton Mo</u>		
20. FILED <u>3-22</u> 1937 <u>WE Baggerly</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1930, to Mar 20 1937. I last saw her alive on March 19 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Coronary occlusion (thrombosis) Date of onset Mar 19/37

Other contributory causes of importance:  
Chronic Cardio-renal disease with hypertension 1938

Name of operation None Date of .....  
What test confirmed diagnosis? Clinical 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 None  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) S B Hughes, M. D.  
(Address) Clinton, Mo.

