

FILED APR 17 1940

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

11097

Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 355  
 (b) Township Darwin Primary Registration District No. 5497 Registered No. 3  
 (c) City Clinton Mo. (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred 7 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

JERRY MELVIN HULL  
 (a) Residence, No. Jaden Missouri (Usual place of abode, if no street address, write county or city)  (If nonresident, give city or town and State)

## 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 Mary Elizabeth  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1854  
 7. AGE YEARS 85 MONTHS 11 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 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) Holman City, N.Y. New York  
 FATHER 13. NAME Lilas C. Hull  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. New York  
 MOTHER 15. MARRIED NAME Argetine Phyllis Finbeck  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Onondaga Co. New York  
 17. INFORMANT (ADDRESS) M. A. Hull Clinton Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stones Chapel DATE 3-13 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson Clinton Mo.  
 20. FILED 3-13 1940 W.E. Baggarly Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11 1940  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1940 to March 11 1940  
 I last saw him alive on March 4 1940 Death is said to have occurred on the date stated above, at 6:15 AM  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
93C  
 Date of onset Unknown  
 Other contributory causes of importance:  
Bronchiectasis Unknown  
 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.  
C. Child, Mo.  
 317 (Address)

Date Filed 4-2-48  
District-File Number 4-110-335  
District Health Officer No. 7

RECEIVED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Fred Wilkins*

Licensed Embalmer No.

2486

P. O. Address

*Clinton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.