

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

Do not use this space.

10926

1. PLACE OF DEATH

County Wodaway
Township _____
City Hopkins Mo (No. _____)

Registration District No. 674
Primary Registration District No. 4375

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

John W. Hull

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Ferguson Hull

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 2 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Ohio

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Columbus Hull

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Jane Myatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

14. INFORMANT Sarah Young (Address) Hopkins, Mo.

15. FILED 3/11/31 OH day REGISTRAR C. P. Fryer, M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1931

I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1931, to March 6, 1931 that I last saw h. l. m. alive on 3/6, 1931, and that death occurred, on the date stated above, at 10:35 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral thrombosis
82B
97
(duration) _____ yrs. _____ mos. 6 ds.
CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ (IF NOT AT PLACE OF DEATH)

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) [Signature], M. D.

3/10, 1931 (Address) Hopkins Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

Hopkins Cem - Hopkins Mo Mar 11 1931

20. UNDERTAKER A. L. Stephens ADDRESS 2658

[Signature]

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.

APR 25 1931

