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

Do not use this space.

7435

File No. 281

Registered No.

1. PLACE OF DEATH MAR 25 1936
County St. Francois — Registration District No. 774
Township St. Francois — Primary Registration District No. 4468
City Flat River, Mo. (No. , St. Ward)

2. FULL NAME Mr. Everett Arthur Hulson

(a) Residence, No. Flat River Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18-1891.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	3	11	

OCCUPATION

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

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) Silver Lake - Perry Co. Mo.

FATHER

13. NAME Mr. John Hulson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

MOTHER

15. MAIDEN NAME Jane Jones

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

17. INFORMANT (ADDRESS) Mrs Myrtle Stonecipher Cadet St. Louis sister

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park View - Farmington DATE March 2 1936

19. UNDERTAKER (ADDRESS) Alvis W. Hood Flat River Mo.

20. FILED Mar 5 1936 O. D. Farrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936, to Feb 29, 1936
I last saw h. alive on Feb 29, 1936 Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Chr. pulmonary tuberculosis	
J 3	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Exam 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) C. H. Applebeen, M. D.
(Address) Flat River, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD