

APR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 850 File No. 13974
Township Bluewaul Primary Registration District No. 6170 Registered No. 3
City Waver (No.) St. Ward)

2. FULL NAME

James Henry Tulle
(a) Residence, No. 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. moa. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Marie V. Ball Tulle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1854

7. AGE YEARS 82 MONTHS 3 DAYS 3 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farmer
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) Clark Co., Mo.

13. NAME Dory Samuel Tulle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co., Mo.

15. MAIDEN NAME Louisa V. Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co., Mo.

17. INFORMANT Miss Rosa Tulle
(ADDRESS) Waver Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berea DATE 3/15 37

19. UNDERTAKER Chas. J. Gonyea
(ADDRESS) Sadwood Mo

20. FILED 3-15 1937 C. B. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1936, to Feb 14 1937.

I last saw him alive on Dec 29 1937. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Cardiac Apoplexy Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) M. P. Royston, M. D.

(Address) El Dorado Springs Mo

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

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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.

