

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

**7197**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Lewis Registration District No. 479  
 (b) Township Reddish Primary Registration District No. 5649a Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 400 Ralph Lee Tull St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 Viola Tull  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30, 1903  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 3 14  
 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rutledge, Mo.

FATHER 13. NAME James H. Tull  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co, Mo.

MOTHER 15. MAIDEN NAME Lydia Buford  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Mo.

17. INFORMANT Viola L. Tull  
 (ADDRESS) La Balle, Mo.

18. BURIAL, CREMATION, OR REMOVAL -- PLACE Harmony Grove DATE Febr 17, 1940

19. FUNERAL DIRECTOR Gerth & Burkett  
 (ADDRESS) Wynona, Mo.

20. FILED 3/5, 1940 J. L. Bourne  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h..... alive on....., 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:38 m.  
 The principal cause of death and related causes of importance were as follows:

38 caliber revolver, self-inflicted  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 16

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? suicide Date of injury 2/14, 1940  
 Where did injury occur? Monticello, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. at home  
 Manner of injury gunshot wound  
 Nature of injury temporal infliction

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Carl A. Buckley  
 (Address) Canton, Mo.

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.

50M-7-20-37  
 I X 12004

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 3-7-40

SEP 27 1950

STATEMENT BY LICENSED EMBALMER

I, George V. Baskets, Licensed Embalmer No. 1817

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Geo V Baskets

L. E.

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

Signed Geo V Baskets  
Licensed Embalmer No. 1817

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.)