

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

Do not use this space.

11779

APR 22 1936

**1. PLACE OF DEATH**

County Madison

Registration District No. 624

Township Hopkins

Primary Registration District No. 4370

City Hopkins (No. ....)

File No. ....

Registered No. 1

St. .... Ward

**2. FULL NAME**

Lorrey Jane Hull

(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 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 John Hull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9th 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
84 6 9

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

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 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Pa

13. NAME James Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Margurth Simley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware Pa

17. INFORMANT Sarah Young

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins Mo DATE Mar 20 1936

19. UNDERTAKER Yang & Gambell

(ADDRESS) Hopkins Mo

20. FILED 719 36 J. H. Sawyer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 36 to Mar 18 36, 1936

I last saw her alive on Mar 18 36 Death is said to have occurred on the date stated above, at 7:20 pm

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

Senility Date of onset

Other contributory causes of importance:

Name of operation ..... 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 .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. W. Kirk, M. D.  
(Address) Hopkins 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.

