

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

PLACE OF DEATH
County St Louis
Township Carondelet
or
Village Koch, Mo.
or
City _____ (NO. Robt Koch Hospital St. _____ Ward _____)

Registration District No. 1123 File No. 2385
Primary Registration District No. 6248B Registered No. 16

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Clarence Fuller

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH January 13, 1914
(Month) (Day) (Year)

DATE OF BIRTH December 20, 1875
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from September 27, 1913, to January 13, 1914
that I last saw h im alive on January 13, 1914

AGE 38 yrs. 24 mos. 24 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

and that death occurred, on the date stated above, at 5 A.M.

OCCUPATION (a) Trade, profession, or particular kind of work Fireman

The CAUSE OF DEATH* was as follows:

(b) General nature of industry, business, or establishment in which employed (or employer) Not known

Pulmonary Tuberculosis

BIRTHPLACE (City or town, State or foreign country) Alabama

(Duration) 1 yrs. 8 mos. 8 ds.

NAME OF FATHER Thornton Fuller

Contributory
(Secondary) (Duration) ____ yrs. ____ mos. ____ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Alabama

(Signed) M. J. Dwyer M. D.

MAIDEN NAME OF MOTHER Sallie Tarry

Jan 13, 1914 (Address) Koch, Mo

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Alabama

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Koch Hospital Records

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. 3 mos. 17 ds. In the ____ yrs. 3 mos. 17 ds.

Where was disease contracted St Louis, Mo. if not at place of death?

Former or usual residence 1711 N 10th St St Louis, Mo.

(ADDRESS) Koch, Mo.

PLACE OF BURIAL OR REMOVAL Grillwood DATE OF BURIAL Jan. 15, 1914

Filed Jan. 13, 1914 L. C. Obrock REGISTRAR

UNDERTAKER W. Williams ADDRESS 3232 Pine

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.

