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

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MAR 14 1935

1. PLACE OF DEATH
County Pemiscot
Township Cooter
City ~~Cooter~~ (No. ..... , ... St. ..... Ward)

Registration District No. 654
Primary Registration District No. 5873

File No. .....
Registered No. .....

2. FULL NAME Florence Hillyard Fuller
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) Cooter Mo (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 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)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira McA. Fuller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	17	8	17	

OCCUPATION
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. X
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) Troy, Tenn.

FATHER
13. NAME J. A. McBride
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City Tenn.

MOTHER
15. MAIDEN NAME Lillian Belle White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graves Co. Ky. 8

17. INFORMANT (ADDRESS) J. A. McBride Troy Tenn. R 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE No 8 Cemetery DATE Sept 21 1916

19. UNDERTAKER (ADDRESS) Castle Supply Co Cooter Mo.

2-11 1935 Tom Bryant
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1916

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1916, to Sept 20, 1916
I last saw her alive on Sept 20, 1916. Death is said to have occurred on the date stated above, at 10:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis.	
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Other contributory causes of importance:

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) L. E. Cooper, M. D.
(Address) Cooter, Mo.

B.— ... 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.

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