

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

1. PLACE OF DEATHCounty Jackson

Registration District No.

Township Kan

Primary Registration District No.

City Kansas City, Mo.No. 2300 Holmes St

File No.

Registered No.

St.

Ward)

2. FULL NAME(a) Residence No. Gasland Ave.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

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**Gertrude Fuller**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Sept 1 - 1878**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

46711**8. OCCUPATION OF DECEASED**

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

Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer)

Broom Corn Farms - Seal

(c) Name of employer

Engle Bros**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo**10. NAME OF FATHER**Frank Fuller**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

New York State**12. MAIDEN NAME OF MOTHER**not known**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

not known

PARENTS

14. INFORMANT

(Address)

Marjehar Fuller
Gasland Ave**15. FILED**3/21924m. m. icrowesyREGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**dear 11 - 1924**17.**

I HEREBY CERTIFY That I attended deceased from

March 8, 1924, to March 10, 1924that I last saw him alive on March 10, 1924, and that death occurred, on the date stated above, at 6:20 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Encephalitis acuta
(So-called lethargia)**CONTRIBUTORY (SECONDARY)****19. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OFWAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. J. Huxley, M. D.March 11, 1924 (Address) 1000 Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hill Cemetery dear 12 1924**20. UNDERTAKER**

ADDRESS

John W. Wagner 1409 Grand Ave

