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

Do not use this space.

26017

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7640

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis, Mo. (No. City Hospital # 2 St. ..... Ward)

2. FULL NAME Thomas Fultz

(a) Residence. No. 1211 N. 11th St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/21/1926

7. AGE: Years 1 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nil
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Charlie Upton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Jona Upton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) E. St. Louis, (STATE OR COUNTRY) Illinois

14. INFORMANT Pertella E. Sexton
(Address) City Hospital # 2

15. FILED AUG 27 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1927, to Aug 24, 1927 that I last saw him alive on Aug. 24, 1927, and that death occurred, on the date stated above, at 8:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
Primary
1.0 M (duration) 1000 yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) L. S. Howell, M. D.

, 19 (Address) City Hospital # 2

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park
DATE OF BURIAL: 8-27 1927

20. UNDERTAKER: Peoples Und Co
ADDRESS: 3100 Franklin

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.

...THIS IS A PERMANENT RECORD