

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

Do not use this space.

27644

**1. PLACE OF DEATH**

County Madison  
Township Lebanon  
City Lebanon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 449  
Primary Registration District No. 449

File No. \_\_\_\_\_  
Registered No. 1394

**2. FULL NAME** Georgia Ann Fulkerson

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lebanon  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Floyd Shannon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Anna Burger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY) Mo.

14. INFORMANT J. A. Fulkerson  
(Address) Lebanon Mo

15. FILED 9/27 19 1927 J. M. Bellinger  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27 19 27

17. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1927, to Sept. 26, 1927, that I last saw h. alive on Sept. 20, 1927, and that death occurred, on the date stated above, at 2:10 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis

95090B (duration) 5 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) J. A. Fulkerson, M. D.

9-27, 1927 (Address)  
\*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 Lebanon Mo. DATE OF BURIAL 9/29 19 27

20. UNDERTAKER Robiner ADDRESS Lebanon

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.

