FEB 20 1928

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

Do not use this space. 509

1. PLACE OF DEATH

County of Clay — Registration District No. 198 — File No.

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No. 10

City Excelsior Springs, (Mo. ..... St. ..... Ward)

2. FULL NAME ARCHIE F. FULKERSON 1008 E. 11th St., Kansas City, Mo.

(a) Residence. No. U.S.V. Hospital, Excelsior Springs, Mo. (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. 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)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	33	0	3	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrensburg (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Polk Fulkerson

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

12. MAIDEN NAME OF MOTHER Martha Christman

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

14. INFORMANT deceased - Hospital record (Address)

15. FILED 1/28, 1928 W.D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18th, 1928, to Jan. 29, 1928 that I last saw him alive on Jan. 28, 1928, and that death occurred, on the date stated above, at 5:40 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis (Pneumococcus)

89A 79A 77A (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Middle ear abscess

(duration) unknown mos. ds.

18. WHERE WAS DISEASE CONTRACTED at his home.

IF NOT AT PLACE OF DEATH?

2 DID AN OPERATION PRECEDE DEATH? Paracentesis DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Spinal fluid and laboratory tests

(Signed) R.P. Crawford, M.D.

, 19 (Address) R.P. Crawford, Wd. Surgeon, Excelsior Springs, Missouri

*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 Odessa, Mo. — DATE OF BURIAL Jan 30 1928

20. UNDERTAKER Herbert Hope, Excelsior Springs, Missouri — ADDRESS

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.