

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

1. PLACE OF DEATH  
 County Shells Registration District No. 677 File No. ....  
 Township Rogers Primary Registration District No. 4403 Registered No. 1  
 City Frank Fullerton St. .... Ward) ....

2. FULL NAME Frank Fullerton  
 (a) Residence No. .... St. .... 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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE Wh  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Fullerton  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 1856  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 0 6  
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....  
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ogle Co Ill  
 10. NAME OF FATHER W A Fullerton  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know  
 12. MAIDEN NAME OF MOTHER Do not know  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

2. MEDICAL CERTIFICATE OF DEATH  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1926, to Jan 10, 1928, that I last saw him alive on Jan 8, 1928, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Atherosclerosis with cerebral hemorrhage  
 (duration) about 2 yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) None  
 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Ill  
 IF NOT AT PLACE OF DEATH? No  
 DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Physician's  
 (Signed) J. L. Mitchell, M. D.  
Jan. 11, 1928 (Address) Rolla Mo

\*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 Rolla Mo. DATE OF BURIAL 1/12 1928  
 20. UNDERTAKER J. H. ... ADDRESS Rolla Mo

14. INFORMANT Wrasletter  
 (Address) Rolla Mo  
 15. FILED Jan 11 1928 Jos. F. Ayers REGISTRAR

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.

