JUL 6 1928

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

Do not use this space.

File No. 13825

Registered No. .....

1. PLACE OF DEATH

County: Knox

Township: Fabius

City: ..... (No. ..... St. ..... Ward)

Registration District No.: 445

Primary Registration District No.: 5605

2. FULL NAME: Elizabeth Fulton

(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: Female

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. ~~IN MARRIED, WIDOWED OR DIVORCED~~ ~~HUSBAND~~ OF ~~(OR)~~ WIFE OF: Adam D. Fulton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 14-1848

7. AGE: Years 80 | Months | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Illinois.

PARENTS

10. NAME OF FATHER: John Mc. Danial

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miriam Frazer

12. MAIDEN NAME OF MOTHER: Miriam Frazer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Adam Fulton
(Address): Plevna Mo.

15. FILED ....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 7th. 1928.

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
that I last saw h. on alive on Apr 6, 1928, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy.

82A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Never saw Patient only at the time of death (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? Diminished reflexes & Coma

(Signed) A. L. Simpson, M. D
, 19 (Address) Leonard, 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: Pleasant Grove | DATE OF BURIAL: Apl. 8th 1928.

20. UNDERTAKER: J. B. Brothers. | ADDRESS: Bethel Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Knox — Registration District No. 445 — File No.

Township Fabious — Primary Registration District No. 5605 — Registered No.

City (No. St. Ward)

2. FULL NAME Elizabeth Fulton

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-14-1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80		0	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Illinois

PARENTS

10. NAME OF FATHER John McDaniel

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

12. MAIDEN NAME OF MOTHER Miriam Frazer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Adam Fulton (Address) Plevna Mo

15. FILED July 26 1925 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 - 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , 19 , 19 that I last saw her alive on Apr 6 1928, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Never saw patient only at the time of death (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? Diminished reflexion & Coma

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

, 19 (Address) Leonard 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	DATE OF BURIAL
Present Prairie	Apr 8 1928
20. UNDERTAKER	ADDRESS
J. B. Brothels	Bethel Mo

SUPPLEMENTARY

N. B.—[illegible] carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should [illegible] CAUSE OF DEATH in plain terms, so that may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-13825