

AUG 23 1926

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

Do not use this space.
E. Mason

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 23525

Township Springfield

Primary Registration District No. 2001

Registered No. 500

City Springfield (No. 5196)

St. _____ Ward _____

2. FULL NAME

Bradford Ezra Fuller

(a) Residence No. 519 E. Lyons 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 | 10 | 8

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Seville Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Silvanus Fuller

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

12. MAIDEN NAME OF MOTHER Carolina Hicks

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

14. INFORMANT Mary A. Fuller
(Address) Springfield, Mo.

15. FILED 7-10-28 1928 REGISTRAR W. C. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1928

17. I HEREBY CERTIFY, That I attended deceased from July 10 1928 to July 9 1928, that I last saw him alive on July 9 1928, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial degeneration preceded by stroke of paralysis
(duration) 5 yrs. 9 mos. 2 da.

CONTRIBUTOR (SECONDARY) 9008 (duration) 82A yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) Edward C. Massey, D

(Address) 301 Holland Bldg

*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 Cuba Ill DATE OF BURIAL July 11 1928

20. UNDERTAKER J. W. Klingner ADDRESS Springfield, Mo.

WRITE PROMPTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

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