

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

Do not use this space.

1. PLACE OF DEATH  
 County: Jackson Registration District No. 009  
 Township: Franklin Primary Registration District No. 002  
 City: Lydia No. 1320 St. Lydia Ward 2  
 File No. 23710  
 Registered No. 2828

2. FULL NAME Floyd Fuller  
 (a) Residence. No. 1320 Lydia St. Lydia Ward 2  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 5 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV 3 1920

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>7</u>	<u>7</u>	<u>28</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (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) Kansas City, Mo

10. NAME OF FATHER Tom W. Fuller

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

12. MAIDEN NAME OF MOTHER Fuller Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shreveport, La

14. INFORMANT (Address) Tom Miller Fuller  
1320 Lydia

15. FILED 11/2 28 M W. J. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-1-28

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner       , 19      , to       , 19      , that I last saw h.        alive on       , 19      , and that death occurred, on the date stated above, at        m.

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

status hypertensive  
enlarged thyroids  
 (SECONDARY) gland        (duration)        yrs.        mos.        da.

18. WHERE WAS DISEASE CONTRACTED         
 IF NOT AT PLACE OF DEATH.         
 DID AN OPERATION PRECEDE DEATH.        DATE OF         
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS autopsy  
 (Signed)        M. D.  
 (Address) Deputy Coroner

\*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 Blue Ridge Home DATE OF BURIAL 7-2 1928

20. UNDERTAKER Del. W. Fickler ADDRESS City

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.

