

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

Do not use this space.

34912

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City **St. Louis Mo.**

(No.....)

File No.....

Registered No.....

9883

St.....Ward.....

2. FULL NAME Mary Fuller

(a) Residence. No. 4868 Earline St., 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Lyman Fuller.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/25/1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 6 II

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

10. NAME OF FATHER Louis Gauvaine.

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

12. MAIDEN NAME OF MOTHER Do Not Know.

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

14. INFORMANT Henry Lyman Fuller Jr.
(Address) 4868 Earline Ave

15. FILED OCT 28 1928 Mar 6 Starceff
REGISTER

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/6/28 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Oct 6, 1928 that I last saw her alive on Aug 27, 1928, and that death occurred, on the date stated above, at 5-15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
106 B Chronic Bronchitis
non Tubercular
(duration) 13 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY) Chrom Infarct
(duration) 1 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED? W
IF NOT PLACE OF DEATH: plus 3 death

DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual symptoms
(Signed) William T. Harshbarger, M. D.
1928, 1928 (Address) 3500 N Grand

*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 Greenville Ill. DATE OF BURIAL 10/8/28 1928

20. UNDERTAKER Provoch burd. Co ADDRESS 3710 N Grand

THIS IS A PERMANENT RECORD

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.

Handwritten notes:
Missouri
St. Louis
Mo.

