

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

Do not use this space.

9793

1. PLACE OF DEATH

County Callaway Registration District No. 104
 Township Fulton Primary Registration District No. 3008
 City Fulton (No. State Hosp) St. _____ Ward _____

File No. _____
 Registered No. 69
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Callaway Co Mo 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. 10 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)

married

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

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

No information

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.

34 No further information

8. OCCUPATION OF DECEASED

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

Farming

(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)

Missouri

10. NAME OF FATHER

No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

No information

12. MAIDEN NAME OF MOTHER

No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

No information

14. INFORMANT

(Address) Hospital records, Fulton State Hospital

15. FILE NO.

Mar 23, 29 R. N. Crews

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 21 - 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 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:

Secondary hemorrhage from an incised wound of foot - Decubitus mustel excitation was such that he may have removed the dressings and exposed the wound with his fingers - Exact cause of death was known - fainted in the morning with his bed saturated with blood -

18. WHERE WAS DISEASE CONTRACTED

The original wound was made with an ax while chopping wood and the disease almost sprung from the hemorrhage - 52
 (DID AN OPERATION/PREVENT DEATH?) _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
Deceased also had interstitial nephritis
 WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) T. R. Gray, M. D.

3/21, 1929 (Address) Staff Physician

*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

Old Richland Cem Mar. 24, 1929

20. UNDERTAKER

ADDRESS

Eli Bell Fulton, Mo.

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.

24 1929

Deceased was subject to manic depressive Psychosis. Shortly before being committed to this Hospital for the second time, he injured his foot with an axe while chopping wood. He had a terrific hemorrhage from this injury and was quite pale when he came into the Hospital. During the night of March 20, it is presumed that the wound may have caused him some pain and that he tore the dressing off and opened it up with his finger. He was found on the morning of March 21 and with his bed saturated with blood, from secondary hemorrhage. His mental condition was so badly clouded that he was irresponsible and incapable of calling anybody's attention to his condition.