

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

Do not use this space.

38147

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____ St. _____ Ward)

File No. _____
 Registered No. 95

2. FULL NAME Gladys Fulton

(a) Residence. No. Richmond 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 25 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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-20-1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
24 6 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Self & brother

9. BIRTHPLACE (CITY OR TOWN) Richmond Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER James Fulton

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

12. MAIDEN NAME OF MOTHER Dora Carey

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

14. INFORMANT James Fulton Jr.
 (Address) Richmond Mo

FILED 19/29 E. E. Jay REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-11-29 1929

17. I HEREBY CERTIFY, That I attended deceased from Jane 1, 1929 to Nov 11, 1929 that I last saw her alive on Nov 1, 1929, and that death occurred, on the date stated above, at 3-2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthis Pulmonatis

23A
1180 (duration) 4 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) Gastralgia
 (duration) 3 yrs. - mos. - ds.

18. WHEREAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? n

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) M. G. Gomb, M. D.

, 19 _____ (Address) Richmond 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 City Cem. DATE OF BURIAL 11-14-29

20. UNDERTAKER R. W. Mansur RICHMOND MO

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

89 4

1929

