

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

Do not use this space.

38727

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis Mo. (No. 4029 Pleasant St)

File No.
Registered No. 11146
St. Ward

2. FULL NAME

Solley Lucille Fulton
(a) Residence. No. 4029 Pleasant St. 10 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 30 - 1920</u>		
7. AGE	YEARS	MONTHS
	<u>9</u>	<u>3</u>
		<u>13</u>
	IF LESS than 1 day, hrs. or min.	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... St. Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Clarence Fulton

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

12. MAIDEN NAME OF MOTHER Anna Herzog

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

14. INFORMANT Clarence Fulton
(Address) 4029 Pleasant St.

15. FILED NOV 25 1929 Max C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-29, 1929, to 11-13, 1929
that I last saw him alive on 11-11, 1929, and that death occurred, on the date stated above, at 9:35 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
10 (duration) yrs. mos. 14 ds.
CONTRIBUTOR (SECONDARY) 10 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Diagnosis
(Signed) Chas. O. B. et M. D.

11-14 1929 (Address) 3500 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 NE Lebanon DATE OF BURIAL Nov. 16 1929

20. UNDERTAKER Weg Leidner and Co. St. Mark ADDRESS 1417

WRITE PLAINLY, WITH UNFADING INK---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.

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