

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

Do not use this space.

342

20 1930  
13  
4  
2

PLACE OF BIRTH  
County Caldwell Registration District No. 96  
Township Hamlet Primary Registration District No. 4050  
City Hamlet (No. ....) St. .... Ward)

File No. ....  
Registered No. 6

2. FULL NAME William Fulwood  
(a) Residence. No. .... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED Fulwood  
HUSBAND OF (OR) WIFE Agnes Mahlda  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27, 1858  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
71 1 4  
8. OCCUPATION OF DECEASED several  
(a) Trade, profession, or particular kind of work Memor  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....  
9. BIRTHPLACE (CITY OR TOWN) Strifan  
(STATE OR COUNTRY) Lancashire Eng  
10. NAME OF FATHER William Fulwood  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
(STATE OR COUNTRY) .....  
12. MAIDEN NAME OF MOTHER .....  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England  
(STATE OR COUNTRY) .....

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31 19 30  
17. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 19 30, to Jan. 31, 19 30  
that I last saw him alive on Jan. 31, 19 30, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute dilatation of heart  
9:30  
9:7  
9:58 (duration) 12 hr. mos. .... ds.  
CONTRIBUTORY Myocarditis - Arterio Sclerosis  
(SECONDARY) (duration) ? yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED? PO  
IF NOT AT PLACE OF DEATH? .....  
DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) J.M. Seery, M. D.  
, 19 (Address) Hamlet, 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.

14. INFORMANT Mrs. Elizabeth Dunnington  
(Address) Hamlet Mo  
15. FILED 7 19 30 Samuel Mower  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cem DATE OF BURIAL Feb 2 19 30  
20. UNDERTAKER John Staughlin ADDRESS Hamlet 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.

