

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

Do not use this space.

26647

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City R.C. Mo. (No. 3627 State Line) St. 3246 (Ward)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. 3246 (Ward)

**2. FULL NAME**

Harry Fuller  
 (a) Residence. No. 3627 State Line St., 5 Ward.  
 (Usual place of abode)  
 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 M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-14-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 7 20

8. OCCUPATION OF DECEASED Boiler Maker Foreman  
 (a) Trade, profession, or particular kind of work.  
 (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) England

10. NAME OF FATHER Fuller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT E. J. Fuller  
 (Address) 158 Morton, Newcenter, Mass.

15. FILED 8/6/30 M. M. Crowe  
 asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/12 1930, to 8/4 1930, that I last saw him alive on 8/4 1930, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute Dilatation of Heart

CONTRIBUTORY (SECONDARY) Senility & Heart  
Fractures (duration) yrs. mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED 194

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? 3

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frederick A. Baldwin M. D.

8/4 1930 (Address) 317 Maple Bldg

\*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 Clinton Iowa DATE OF BURIAL Aug 6 1930

20. UNDERTAKER Mrs. C. L. Fenton ADDRESS R.C. 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.

317. Argyle Bldg.  
Phone Victor 3824