

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

Do not use this space.

28983

**1. PLACE OF DEATH**

County North  
Township Wetchall  
City Grand City (No. 4545)

Registration District No. 903  
Primary Registration District No. 4545

File No. \_\_\_\_\_  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 2 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Marion, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Fullerton  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Lucy Jane Fisher  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Mon. Alfred McElin  
(Address) Grand City, Mo.

15. FILED 8/7/30 REGISTRAR John Anderson

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 30, to Aug 7, 1930, and that I last saw him alive on Aug 7, 1930, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis  
131  
568

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Phlebotomy

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF 7/30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical & Physical findings  
(Signed) B. J. Ross M. D.

(Address) Grand City, 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

Wetchall Cem. DATE OF BURIAL 8/9 1930

20. UNDERTAKER Arch C. Dunfee ADDRESS Grand City

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.

1930

