

DEC 20 1930

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

Do not use this space.

35467

1. PLACE OF DEATH

County Butler
Township Paplar Bluff
City Paplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 219
St. Ward)

2. FULL NAME

Martha Elizabeth Fulton

(a) Residence No. Brandon Hospital Paplar Bluff Mo Ward Caledonia Mo
(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

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24-1856

7. AGE

YEARS MONTHS DAYS
73 10 14
IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife ¹³¹ ⁹³⁰
(b) General nature of industry, business, or establishment in which employed (or employer) 107
(c) Name of employer

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

10. NAME OF FATHER Calvin McGee

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

12. MAIDEN NAME OF MOTHER Amanda Wells

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

14. INFORMANT Mrs Alice Sebastian
(Address) Caledonia Mo

15. FILED 11-7-30 By Clive REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1930 to Nov. 7 1930 that I last saw her alive on Nov. 7 1930, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Myocarditis - Arteriosclerosis - nephritis (duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? L.P. Kuehler (Signed) M. D.

, 19 (Address) Paplar Bluff 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 Patterson Mo Cemetery DATE OF BURIAL Nov 9 1930

20. UNDERTAKER Mr Phelps ADDRESS Paplar Bluff 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.

