

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

Do not use this space.

37792

10898

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

File No.

Township.....

Primary Registration District No. **1879-Biddle**

Registered No.

City **St. Louis Mo.** (No.)

St. Ward)

2. FULL NAME

Masia Lee Fuller

(a) Residence. No. **1807^a Biddle St.** **21** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3 yrs. 10 mos. 12 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Female

Colored

Child

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

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

Jan. 5, 1927

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

3

10

17

8. OCCUPATION OF DECEASED

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

Child

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

PARENTS

10. NAME OF FATHER

Allen Fuller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

West Point

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

California Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Lucia

(STATE OR COUNTRY)

Gen

14.

INFORMANT

Allen Fuller

(Address) **1807^a Biddle St.**

15.

FILED

NOV 10 1930

Wm C Starkey
REGISTRAR

V. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 19** 19**30**

17. I HEREBY CERTIFY, That I attended deceased from **Nov. 11**, 19**30** to **Nov. 12**, 19**30** that I last saw him alive on **Nov. 12**, 19**30** and that death occurred, on the date stated above, at **7:30** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
Primary

(duration) yrs. mos. **2** ds.

CONTRIBUTORY (SECONDARY) **old non-specific**

(duration) yrs. mos. **4** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS

Percussion

(Signed) **J. H. Flowers**, M. D.

, 19 **30** (Address) **1711 N. 10th**

*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

DATE OF BURIAL

Greenwood Cemetery

11-18 1930

20. UNDERTAKER

ADDRESS

James & Lannan Und. Co

1415 No Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. No. 2.—Every item of information should be carefully supplied. AGE should be stated. Always SIGNATURE

