

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

Do not use this space.

8516

1. PLACE OF DEATH

County Sullivan
Township Duncan
City Browning P.O. (No.) St. Ward)

Registration District No. 929
Primary Registration District No. 6121

File No.
Registered No. 4

2. FULL NAME Mrs Endora Fuller

(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

3. SEX Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 62 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

FATHER 13. NAME G. M. Fuller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER 15. MAIDEN NAME Adelaide Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Jessie Fuller Browning Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hoover Cem. DATE July 24, 1931

19. UNDERTAKER (ADDRESS) H. Payne Son, Galt, Mo

20. FILED 2-25 1931 J. W. S. Er Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to Feb 1931. I last saw him alive on Feb 21, 1931. Death is said to have occurred on the date stated above, at 3:15 am. The principal cause of death and related causes of importance were as follows:

Bright's disease Date of onset
1200 1/2 inch compression

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? urine Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Quinn T. Becker, M.D.
(Address) Browning 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.

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