

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

Do not use this space.

8995

File No. _____
Registered No. 62
St. _____ Ward)

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township _____ Primary Registration District No. 3008
City Fulton, Mo. No. 4

2. FULL NAME

(a) Residence. No. Pike Co. Mo. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 8 mos. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No information

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>+</u>	<u>+</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Winick, Decatur
(STATE OR COUNTRY) 31

10. NAME OF FATHER No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) No information

12. MAIDEN NAME OF MOTHER No information

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

14. INFORMANT Hospital Records
(Address) Fulton Mo

15. FILED 10, 1931 R. N. Crews
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to March 7, 1931, that I last saw ~~him~~ her alive on March 7, 1931, and that death occurred, on the date stated above, at 7:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia originating in my injection of the leg 9/7
310 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Advanced arteriosclerosis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. J. Hazen, M. D.

3/10, 1931 (Address) Fulton State Hospital

*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 Fishersville, Mo DATE OF BURIAL DATE 19 _____
ADDRESS _____

20. UNDERTAKER Henderson-Taylor TULLON 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. APR 21 1931

