

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

Do not use this space.

13014

1. PLACE OF DEATH
 County North Registration District No. 903
 Township Witchalls Primary Registration District No. 4545 File No. _____
 City Grant City (No. _____) St. _____ Ward _____
 Registered No. 10

2. FULL NAME Nancy Jane Fullerton
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
78 | 5 | 26

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

9. BIRTHPLACE (CITY OR TOWN) Wentonville
 (STATE OR COUNTRY) Louisiana

10. NAME OF FATHER Peter Frooms

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Meru
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Martina J. Scholmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Meru
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs. Alford McKim
 (Address) Grant City Mo.

15. FILED 3/16/31 J. M. Anderson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/16/31 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 16, 1931, that I last saw her... alive on Mar 11, 1931, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
99 (duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) Sclerosis
 (duration) yrs. mos. ds. 6

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? Clyrical
 (Signed) J. P. Gripps, M. D.
Grant 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 DATE OF BURIAL
Witchall Cemetery 3/17 1931

20. UNDERTAKER ADDRESS
Arch C. Duffel Grant 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.

APR 27 1931

MARGIN RESERVED FOR BINDING

V. NO. 1.

