

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

Do not use this space.

33454-1

File No. 33454-A
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Webster Registration District No. _____
Township U Primary Registration District No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Esther Lee Fullington

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4 1925
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 6 5 25

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Mo.

10. NAME OF FATHER Virgil Fullington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. Mo.
12. MAIDEN NAME OF MOTHER Sadie Day
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. Mo.

14. INFORMANT Virgil Fullington
(Address) Marshfield, Mo.

15. FILED _____ 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1931
17. I HEREBY CERTIFY, That I attended deceased from 9-18- 1931, to 9-29- 1931, that I last saw her... alive on 9-29- 1931, and that death occurred, on the date stated above, at 8:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. 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?
(Signed) C. C. Bunge M. D.
11-14 . 1931 (Address) Conway, 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 Wanona Mo DATE OF BURIAL 9/30 1931

20. UNDERTAKER W.E. Halman ADDRESS Conway, Mo.

11

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Webster
Township Union
City (No. St. Ward)

Registration District No. 900
Primary Registration District No. 6208

File No.
Registered No.

2. FULL NAME

Esther Lee Fullington

(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*) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 - 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6 5 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green co mo

13. NAME Virgil Fullington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster mo

15. MAIDEN NAME Sadie Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster mo

17. INFORMANT (ADDRESS) Virgil Fullington

18. BURIAL, CREMATION, OR REMOVAL PLACE Nianqua mo DATE 9/30 1931

19. UNDERTAKER (ADDRESS) W. E. Holman

20. FILED June 9 1910 A. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/18 1931 to 9-29 1931

I last saw him/her alive on 9-29 1931 Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:
Typhoid Fever

Date of onset 11 da

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

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) O. C. Benage, M. D.
(Address) Conway mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

PROHIBITED

S-33454-A