

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

Do not use this space.

42634

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City..... St. Louis (No. 3539) Vista St. Ward)

File No.
 Registered No. 12552

2. FULL NAME George W. Fults

(a) Residence. No. 3539 Vista St. 18 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced from Mary Fults.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 31 1862.</u>		
7. AGE <u>68</u>	YEARS <u>11</u>	MONTHS <u>21</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer, (Retired)</u> <u>15</u> Years. (b) General nature of industry, business, or establishment in which employed (or employer). <u>Farming, Retired.</u> (c) Name of employer <u>Self.</u>		IF LESS than 1 day, hrs. or min.

9. BIRTHPLACE (CITY OR TOWN) Rush Tower
 (STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>George Fults.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Fults</u> (STATE OR COUNTRY) <u>Ill.</u>
	12. MAIDEN NAME OF MOTHER <u>Rachel Cheek</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Fults</u> (STATE OR COUNTRY) <u>Ill.</u>

14. INFORMANT Mrs Martha Slawson
 (Address) 3539 Vista Ave.

15. DEC 21 1931 FILED
W. C. Starnes REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20, 1931
 17. No Physician in attendance
 I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic pneumonia following wrenched hip (left) due to fall to floor at Rush Tower Nov 14 1931
 (duration) 7 yrs. 11 mos. 21 ds.

CONTRIBUTORY (SECONDARY) Accident
 (duration) 186 yrs. 11 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED 1861
 IF NOT AT PLACE OF DEATH 1941
1118

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John Purley M.D.
12 1 19 31 (Address) Deputy Coroner

*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 Fults Ill. DATE OF BURIAL Dec 22 19 31

20. UNDERTAKER McLaughlin ADDRESS 1631 Mission

K. 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.

WRITE PLAINLY, WITH OBTAINING INFO.

