

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

Do not use this space.

5462

**1. PLACE OF DEATH**

68 County Monticton  
Township Islet Grove  
City (No.           )

Registration District No. 577  
Primary Registration District No. 577B

File No.             
Registered No. 4  
St.            Ward           

**2. FULL NAME**

Jammie Lee Fulks  
(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 Male 4. COLOR OR RACE White 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) June 7<sup>th</sup> 1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.             
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)) Monticton Co - 1

13. NAME James G. Fulks

14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) Monticton Co Mo

15. MAIDEN NAME Ruth Robertson

16. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) Monticton Co Mo

17. INFORMANT J. J. Fulks  
(ADDRESS)           

18. BURIAL, CREMATION, OR REMOVAL PLACE Island Union DATE 3/1/32

19. UNDERTAKER             
(ADDRESS)           

20. FILED 3-10 1932 Jim Robertson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932, to Feb 29, 1932  
I last saw him alive on Feb 29, 1932 Death is said to have occurred on the date stated above, at 11:20 A.M.  
The principal cause of death and related causes of importance were as follows:

Intestinal Impaction and Infection  
12:2 P  
11:13  
Other contributory causes of importance:           

Name of operation            Date of             
What test confirmed diagnosis? Chemical 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? no  
If so, specify             
(Signed) Edgar A. Kibbe, M. D.  
(Address) California

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK.—THESE ARE PERMANENT RECORDS. MAR 24 1932

UNIVERSITY OF MICHIGAN  
carefully applied. All  
may be properly used.

BA  
M. J. ...

**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 Monteau Registration District No. 577  
Township Pilot Grove Primary Registration District No. 3-775-  
City (No. St. Ward)

**2. FULL NAME**

Jessie Lee Fuchs  
(a) Residence, No. St. Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3-10 1932 J. M. Robertson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29 1932

22. I HEREBY CERTIFY, That I attended deceased from to, 19. I last saw him alive on, 19. Death is said to have occurred on the date stated above, at. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Name of operation Date of  
What test confirmed diagnosis? 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) , M. D. (Address)

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is necessary.

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

**SUPPLEMENTARY**

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