

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.

*Re: Korman
7/17/19
11-3*

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

Do not use this space.

10330

1. PLACE OF DEATH

County Registration District No. *701*
Township Primary Registration District No. *10038*
City *Shouns* (No. *749 N. Euclid*)

File No.
Registered No. *2352*
St. Ward)

2. FULL NAME

(a) Residence, No. *749 N. Euclid* St. *12* 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 27 1914</i>		
7. AGE YEARS <i>19</i>	MONTHS <i>7</i>	DAYS <i>13</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at school</i>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Shouns 1</i>		
13. NAME <i>Frank W. Fulton</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kansas 2</i>		
15. MAIDEN NAME <i>Carrie C. Jones</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Shouns 1</i>		
17. INFORMANT (ADDRESS) <i>Frank W. Fulton 749 N. Euclid</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Beechmountain</i> DATE <i>3/14 1932</i>		
19. UNDERTAKER (ADDRESS) <i>G. Ellis 5240 Delmar</i>		
20. FILED <i>44 11 1932</i> <i>Walter Parker</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 10 1932*

22. I HEREBY CERTIFY, That I attended deceased from *March 8* 19*32* to *March 10* 19*32*
I last saw h. — alive on *March 11* 19*32* Death is said to have occurred on the date stated above, at *8:20 a.m.*
The principal cause of death and related causes of importance were as follows:

<i>Contract Catarrh</i>	Date of onset <i>20 days</i>
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Other contributory causes of importance:
bronchitis, pneumonia, chronic glaucoma, myeloidic

Name of operation *Cholec* Date of *7/10*

What test confirmed diagnosis *Cholec* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *No* 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 *X*
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *Walter Parker* M. D.
(Address) *Missouri State Board of Health*

