

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.

JUN 21 1932

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

Do not use this space.

15178

1. PLACE OF DEATH

1 County Adair Registration District No. 4
2 Township _____ Primary Registration District No. 3001
7 City Keokuk (No. _____) St. _____ Ward _____

File No. _____
Registered No. 81
St. _____ Ward _____

2. FULL NAME

Abe Fuller
(a) Residence, No. Purdin, Mo. St. _____ Ward. Purdin Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 7 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) MARRIED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11, 1898
7. AGE YEARS 33 MONTHS 5 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Washington Co (STATE OR COUNTRY) Virginia

13. NAME Abraham Fuller

14. BIRTHPLACE (CITY OR TOWN) Russell Co (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Sally Chapman

16. BIRTHPLACE (CITY OR TOWN) Washington Co (STATE OR COUNTRY) Virginia

17. INFORMANT N. S. Fuller (ADDRESS) Purdin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdin Cemetery DATE May 30, 1932

19. UNDERTAKER Thorne Cuda Co. (ADDRESS) Purdin, Mo.

20. FILED 6/10 1932 Mrs. C. A. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932, to May 28, 1932. I last saw him alive on May 28, 1932. Death is said to have occurred on the date stated above, at 10 p. m.

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

Peritonitis
Repair of Stomach
due to ulcer
Date of onset _____
Other contributory causes of importance: _____

Name of operation Repair of jejunum Date of May 22
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? No
If so, specify _____

(Signed) Geo. W. Langley, M. D. O
(Address) Keokuk Mo

1932-5-28
1898-12-11

33-5-17