

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

Do not use this space.

18113

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary-Registration District No. (#3)
City St. Louis Mo. (No. City Hospital)

File No.....
Registered No. 5086
St. Ward)

2. FULL NAME

Rosa Fulton
(a) Residence, No. 4500 Olive St., 12 Ward.

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 7 26

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. Wk 235

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) Miss 2

13. NAME Louise Jones

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

15. MAIDEN NAME Margaret Colbert

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

17. INFORMANT (ADDRESS) A. Kestunde Creath City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 6-12-1932

19. UNDERTAKER (ADDRESS) Walter Richter 20 3500 Rutger St

20. FILED MAY 20 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1932, to 5-11, 1932

I last saw h. W alive on 5-11-32, 1932. Death is said to have occurred on the date stated above, at 4 a.m.

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

350
Spinalized Arteritis
IV

Date of onset
1 year

Other contributory causes of importance: 350

Enlarged Otic Abscess
(concurrent)

Name of operation..... Date of.....

What test confirmed diagnosis th. lab 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 Henry C. Hampton, M. D.

(Signed) Henry C. Hampton, M. D. (Address) City Hospital #2

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

