

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

Do not use this space.

21938

1. PLACE OF DEATH

County Brown
Township Columbia
City Columbia

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 150
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode) _____
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. (If nonresident, give city or town and State)

May Irene Fuller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-19-1913</u>		
7. AGE YEARS <u>19</u>	MONTHS <u>2</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mount Pleasant, Mo.</u>		
13. NAME <u>Melvin Fuller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>		
15. MAIDEN NAME <u>Effie Corby</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Effie Fuller, Columbia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Cem.</u> DATE <u>7-13-32</u>		
19. UNDERTAKER (ADDRESS) <u>W. T. Vandevanter, Columbia, Mo.</u>		
20. FILED <u>7/13/32</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-1932

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1932, to July 11, 1932
I last saw him alive on July 11, 1932. Death is said to have occurred on the date stated above at 7 P.M.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
in coma
159
115A 59
Other contributory causes of importance:
Acute tonsillitis

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. 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) E. O. Baskett, M. D.
(Address) Columbia, Mo.

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.

AUG 22 1932

10338

OCCUPATION
MOTHER FATHER

