

SEP 23 1932

13.

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

Do not use this space.

26534

1. PLACE OF DEATH

49 County Jasper Registration District No. 416
 Township Sarcosie Primary Registration District No. 5571B
 City (No.) St. Ward)

2. FULL NAME

Kate Kathryn Fullerton
 (a) Residence, No. Sarcosie St. R.R. 1 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 <u>F.</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert T. Fullerton</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 22, 1863</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>69</u> | <u>3</u> |
| | | DAYS |
| | | <u>13</u> |
| | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>about 2 yrs.</u> | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co. Mo.</u> <u>1</u> | | |
| FATHER | 13. NAME <u>Smith A. Archer</u> <u>2</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> | |
| MOTHER | 15. MAIDEN NAME <u>Emma Jones</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. S. A.</u> | |
| 17. INFORMANT (ADDRESS) <u>Tommy Fullerton</u> <u>Jasper, Mo. R. F. D. #1</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sarcosie Cem.</u> DATE <u>Aug 7, 1932</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>J. P. Conclage</u> <u>Sarcosie, Mo.</u> | | |
| 20. FILED <u>Aug 6, 1932</u> <u>Am. Simmons</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932 to Aug 5, 1932
 I last saw her alive on July 25, 1932 Death is said to have occurred on the date stated above, at 1:50 P. M.
 The principal cause of death and related causes of importance were as follows:
Diabetes mellitus
59
59
 Other contributory causes of importance:
1

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? No
 If so, specify
 (Signed) J. P. Conclage, M. D.
 (Address) Sarcosie Mo

