

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

Do not use this space.

38578

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Townshp Joseph Primary Registration District No. 1001  
 City Joseph (No. 2819 00 19th St)

File No. \_\_\_\_\_  
 Registered No. 1300  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Cynthia C. Fuller  
 (a) Residence, No. 2819 00 19th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/20-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) (STATE OR COUNTRY) Union Missouri

13. NAME Wm Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Missouri

15. MAIDEN NAME Ellen Sandusky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Missouri

17. INFORMANT (ADDRESS) Mrs A R Howard 2819 00 19th

18. BURIAL, CREMATION, OR REMOVAL PLACE Lucerne Mo DATE 1/28

19. UNDERTAKER (ADDRESS) Stungley & Adams 218 00 19th

20. FILE DEC 27 1932 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Dec 29, 1932  
 I last saw her alive on Dec 29, 1932. Death is said to have occurred on the date stated above, at 5 a m.

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

Lobar pneumonia  
108 108

Other contributory causes of importance: No

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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 \_\_\_\_\_ 1932

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) John R. Bender, M. D.  
 (Address) 179 1/2 19th

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.

JAN 21 1933

