

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

Do not use this space.

38082

1. PLACE OF DEATH

14 County Callaway Registration District No. 104
 2 Township Fulton Primary Registration District No. 3008
 7 City Fulton (No. 1) St. _____ Ward _____

File No. _____
 Registered No. 238

2. FULL NAME

(a) Residence, No. Marion County, Mo St. _____ Ward: _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>75</u>	MONTHS <u>—</u>
	DAYS <u>—</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Information</u>		
FATHER	13. NAME <u>No Information</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>No Information</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Records of State Hosp #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia, Mo</u> DATE <u>12-13</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Roberts Columbia, Mo</u>		
20. FILED <u>12-13</u> 19 <u>32</u> <u>W. H. Crews</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to December 12, 1932
 I last saw him alive on December 11, 1932 Death is said

to have occurred on the date stated above, at 1:45 AM.

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

Cerebral Hemorrhage
59
8:20 AM
84
 Other contributory causes of importance:
Diabetes Mellitus
Paranoia

Date of onset <u>Subseq</u>
<u>4/13/1932</u>
<u>1/15/1887</u>

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical & Laboratory 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 _____
 (Signed) C. C. Oult, M. D.
 (Address) Fulton, 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.

JAN 22 1933

