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.

-8 24 1933

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

Do not use this space.

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No. 412

2 Township Poplar Bluff — Primary Registration District No. 3007 — Registered No. 21

7 City Poplar Bluff (No. ..... , ... St. ..... Ward)

2. FULL NAME Arvil Nolan Fullerton

(a) Residence, No. 832 Park Ave. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1904

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
28	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Independent Packing Co.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Ill.

2

FATHER

13. NAME O. W. Fullerton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Ill.

2

MOTHER

15. MAIDEN NAME Hattie Hack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Ill.

2

17. INFORMANT (ADDRESS) O. W. Fullerton Mcleansboro, Ill.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Oddfellows DATE Jan. 30, 1933

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED Jan 29, 1933 B J Clux Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 P.m.

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

	Date of onset
Hemmorhage of Spinal cord — from 2 fractures of Spinal column. Located at 3rd + 7TH	
Other contributory causes of importance: Thoracic Vertebrae.	
210M 81B 210	2.07

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? ACCIDENT Date of injury 1-28, 1933

Where did injury occur? MO-HIWAY #61-SOUTH of CARUTHERSVILLE MO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. PUBLIC PLACE

Manner of injury AUTO RAN INTO CONCRETE CULVERT

Nature of injury SPINAL FRACTURE + INTERNAL CHEST INJURIES

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J Richard Reynolds Coroner

(Address) Poplar Bluff Mo.