

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

Do not use this space.

M. J. Fullerton
1044

1. PLACE OF DEATH

County *Franklin* Registration District No. *318*
Township *179 South* Primary Registration District No. *2001*
City *Springfield* St. _____ Ward _____

File No. _____
Registered No. *184*

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John A. Peterson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 17 1849*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 11 10

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

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) *Springfield Mo*

13. NAME *Joseph Bedwell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Charles*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT *John A. Peterson*

18. BURIAL INFORMATION OR REMOVAL PLACE *Maple Hill* DATE *Jan 30 1933*

19. UNDERTAKER (ADDRESS) *Springfield Mo*

20. FILED *2-1-33* 19 *33* Registrar *Ralph W. ...*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 27 1933*

22. I HEREBY CERTIFY That I attended deceased from *January 11 1933* to *January 27 1933*
I last saw him alive on *January 27 1933* Death is said to have occurred on the date stated above, at *9:20* m.

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

Cardiac Asthma Date of onset _____
72 A
95 B
9210
Other contributory causes of importance:
Myocardial Infarction
Heart Disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

(Signed) *J. H. Fullerton*, M. D.

(Address) *120 33 Springfield, 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.

MOTHER
FATHER
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2
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