

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

Do not use this space.

1255  
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1254

**1. PLACE OF DEATH**

48 County Jackson  
5 Township Blue  
9 City Independence (No. ....)

Registration District No. 398  
Primary Registration District No. 5554

File No. ....  
Registered No. 3  
St. .... Ward)

**2. FULL NAME**

Washington Beckwith Fuller

(a) Residence, No. R.R. No 4 Independence Mo. Spd.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Annie M. Fuller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV 16-1855</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>1</u>
		<u>1</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen Farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>R.R. Mo.</u>		11. Total time (years) spent in this occupation <u>3</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
New York

13. NAME  
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
No Data

15. MAIDEN NAME  
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
No Data

17. INFORMANT (ADDRESS)  
Mrs Annie M. Fuller  
R.R. No 4 Independence Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Maple Hill DATE Jan 4 '33

19. UNDERTAKER (ADDRESS)  
Dr. F. L. Cook  
2113 Silver  
Independence Mo

20. FILED Jan 3 1933 Dr. F. L. Cook  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 29, 1932, to Jan 2, 1933.  
I last saw him alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Bronchus Pneumonia  
11A  
107A  
110A  
Other contributory causes of importance:  
Angina

Date of onset  
Dec 29  
22  
25  
- 32

Name of operation none Date of none  
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 ....., 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) Dr. F. L. Cook, M. D.  
(Address) Independence Mo

WHITE PAPER, 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.

Dr. Hickenon