

MAR 3 1933

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

Do not use this space.

2784

1. PLACE OF DEATH

8/6 County Putnam Registration District No. 722
Township Richland Primary Registration District No. 5953
City (No.) St. Ward

File No. 2784
Registered No. 1

2. FULL NAME

Malinda J. Fullerton
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Clint Fullerton		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 - 1849		
7. AGE	YEARS 83	MONTHS 2
	DAYS 1	If LESS than 1 day, hrs. or min.
OCCUPATION	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 19
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo		
FATHER	13. NAME W. A. Smith	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana	
MOTHER	15. MAIDEN NAME Bertha Labree	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
17. INFORMANT (ADDRESS) Elma Mitchell Warrenville, Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cemetery DATE Jan 9 1933		
19. UNDERTAKER (ADDRESS) Crestall Mue Co Warrenville, Mo		
20. FILED Feb 10, 1933 W M Hill Registrar		

2 MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1933, to Jan 7 1933
I last saw her alive on Jan 7 1933 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:
accidental injury
falls while filling kerosene
with oil. Cutting head
on sharp object

Date of death 1933

Other contributory causes of importance:
1860

Name of operation Repair of dentures Date of Jan 4
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
Where did injury occur? Putnam Co. Mo. Jan 4, 1933
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. H. Holman M. D.
(Address) Warrenville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly

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