

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

Do not use this space.

5769

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Luke's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 721

2. FULL NAME Ida May Fuller
 (a) Residence, No. 216 Brush Creek Blvd St. _____ Ward _____
 (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 <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 <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1861</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>9</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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 _____	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 12 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1933, to Feb 12 1933
 I last saw her alive on Feb 12 1933. Death is said to have occurred on the date stated above, at 11 P.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension
atherosclerosis
 Date of onset 2-11-33
 Other contributory causes of importance:
none

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pleasant Hill Missouri</u>
	13. NAME <u>James Fuller</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	15. MAIDEN NAME <u>Jennie Mastine</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
17. INFORMANT <u>Edna J. Fuller</u> (ADDRESS) <u>216 Brush Creek Blvd</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>Feb 14, 1933</u>	
19. UNDERTAKER <u>Stuart M. O'Brien</u> (ADDRESS) <u>3235 Gillham Plaza</u>	
20. FILED <u>2-13-33</u> <u>M. M. Crowe</u> <u>Regist.</u>	

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes
 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) Ernest O. Starnes, M. D.
 (Address) 200 Plaza Bank Bldg

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.

MISSOURI RESERVED FOR BINDING

Dr. E. W. Pearson

4711 Central

VA-5631

1-4:30

RECEIVED
FEB 10 1968

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