

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

Do not use this space.

14193

**1. PLACE OF DEATH**

83 County Bush Platte Registration District No. 692 File No. 1913  
 Township Green Primary Registration District No. 447 Registered No. (blank)  
 City St. Joseph (No. 1000) Route # 2 Dearborn, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Route #2 Dearborn Mo  
 (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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tom Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 30 1858</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>5</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Home</u>		11. Total time (years) spent in this occupation <u>60</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 1933</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte City Missouri</u>		
13. NAME <u>H. A. Fulton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Penn</u>		
15. MAIDEN NAME <u>Judy Thornbury</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Penn</u>		
17. INFORMANT (ADDRESS) <u>Mrs. J. E. Brown Dearborn, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cem</u> DATE <u>April 14 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Edeman Funeral Home St. Joseph Mo</u>		
20. FILED <u>April 17 1933</u> <u>W. M. Moore</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1933

22. I HEREBY CERTIFY That I attended deceased from May 1 1932 to April 13 1933  
 I last saw him alive on April 13 1933 Death is said to have occurred on the date stated above, at 10:55 in.  
 The principal cause of death and related causes of importance were as follows:  
Organic Heart Disease Date of onset 1932  
Myocarditis  
 Other contributory causes of importance: hypertension

Name of operation None Date of no  
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury Jan 1933  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place? none

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. K. Peter \_\_\_\_\_, M. D.  
 (Address) Walton

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.

Peters W. Case

JUN 23 1933

PA Moore

Lesbora