

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

Do not use this space.

37139

1. PLACE OF DEATH

County Madison

Registration District No. 538

File No. _____

Township _____

Primary Registration District No. 3028

Registered No. 54

City Fredericktown, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Lillie Mae Fullkerson

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jasper Fullkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1867

7. AGE YEARS 66 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Salesburg, Ill.

13. NAME Ferris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary Banta

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Ella Vance (ADDRESS) Fredericktown, Mo.

18. BURIAL, CREMATION; OR REMOVAL PLACE Fredericktown, Mo. DATE Nov 27, 1933

19. UNDERTAKER E. J. Webb (ADDRESS) Fredericktown, Mo.

20. FILED Nov 27, 1933 B. A. Sclanahan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933 to Nov 26, 1933

I last saw her alive on Nov 20, 1933 Death is said to have occurred on the date stated above, at 7:0 a.m.

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

Lobar Pneumonia Date of onset 11/20

460
108

Other contributory causes of importance: Congestion of Pulmonary end of Stomach 11/20

Name of operation None Date of _____

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? _____ 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) Sclanahan, M. D.

(Address) Fredericktown

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.

By E. A. Schuman

