EB 27 19

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 STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

397

File No.
Registered No.

1. PLACE OF DEATH
County: Camden
Township: Auglaize
City: Stoutland Mo. (No. St. Ward)
Registration District No.: 275
Primary Registration District No.: 5170B

2. FULL NAME: Elizabeth Katherine Fulbright
(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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bruce Fulbright
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-20-1843
7. AGE: YEARS 90 MONTHS 9 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired housewife
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): Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Lee Fulbright Stoutland Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stoutland Cem. DATE: Jan. 6, 1934
19. UNDERTAKER (ADDRESS): Urgan & Cerpus Stoutland Mo.
20. FILED: 1-28, 1934 W. O. Cook M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 4, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1933, to Jan. 4, 1934
I last saw her alive on Jan. 4, 1934. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset 1 mo.
1-31
1-6-34
1-31

Other contributory causes of importance: Senility

Name of operation: None Date of:
What test confirmed diagnosis? Rec. Sick 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?
If so, specify
(Signed) C. E. Carlton, M. D.
(Address) Stoutland Mo.