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

Do not use this space.

File No. 23484

Registered No. 1 to 3

1. PLACE OF DEATH

County: Callaway

Township: ~~Fulton~~

City: Fulton (No. ..., ... St. ... Ward)

Registration District No. 104

Primary Registration District No. 3008

2. FULL NAME: Fred Black.

(a) Residence, No. ... St., ... Ward. (Usual place of abode) Fulton Mo. (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: Male

4. COLOR OR RACE: W Lite

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Black.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 8, 1886

7. AGE: Years 47 | Months 10 | Days 12. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Callaway Co. Mo.

FATHER

13. NAME: Sam K. Black.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Molly Pollard Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callaway Co Mo.

17. INFORMANT (ADDRESS): Records of State Hospital Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Hillcrest Cemetery DATE: July 21, 1934

19. UNDERTAKER (ADDRESS): Leo G. Wallace Fulton, Mo.

20. FILED: 7-20, 1934 R. N. Crews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to July 20, 1934

I last saw him alive on July 19, 1934. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

	Date of onset
General Paralysis of the Insane,	
8 3	
12 7 A	
8 3	

Other contributory causes of importance:

Bronchio-pneumonia

Name of operation ... 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?

If so, specify

(Signed) T. S. Lapp, M. D.

(Address) Fulton, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 13 1934

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