

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

Do not use this space.

29849

**1. PLACE OF DEATH**

County..... Knott ..... Registration District No. 445-  
Township..... Fabous ..... Primary Registration District No. 1263  
City..... Newark (No. ....) St. .... Ward)

File No. ....  
Registered No. 8

**2. FULL NAME**

Mary Elizabeth Fuller  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrf. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac N. Fuller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1860.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 26

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) Near Shelbina, Mo.

FATHER 13. NAME Charles B. Pflum

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

MOTHER 15. MAIDEN NAME Emiline Beck

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

17. INFORMANT Bertie W. Sorley  
(ADDRESS) Newark Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Prairie DATE Aug. 31 1934

19. UNDERTAKER Thomas B. Bell  
(ADDRESS) Evings, Mo

20. FILED Aug 30 1934 L. May Hall  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29<sup>th</sup>, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1934, to August 29, 1934  
I last saw him alive on August 26, 1934. Death is said to have occurred on the date stated above, at 8 A. m.

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

Myocarditis Date of onset 93D  
Advanced age. 102

Other contributory causes of importance:

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) E. O. Holmes , M. D.  
(Address) Newark Mo.

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.

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