

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

Do not use this space.

36041

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Townshlp. Keosauqua Primary Registration District No. 1002  
 City Keosauqua City (No. Yellow cab on way to St. Mary's Hosp Ward)

File No. \_\_\_\_\_  
 Registered No. 465-012

**2. FULL NAME**

Fred W. Fulton  
 (a) Residence, No. 2402 E 29th 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-15-1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>47</u>	<u>7</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. motor car  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic  
 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) Illinois

13. NAME R. C. Fulton

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

15. MAIDEN NAME Mary A. Darnall

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

17. INFORMANT Chas. P. Fulton  
 (ADDRESS) 2402 East 29th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Oct-13-34

19. UNDERTAKER Mrs. C. L. Sprater  
 (ADDRESS) 915 Broadway, Keosauqua

20. FILED 10/12 1934 M. M. Crow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis  
Pulmonary Edema  
 Other contributory causes of importance \_\_\_\_\_  
 Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) J. H. ... M. D.

(Address) 1034 ...

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.

