JAN 7 1935

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

Do not use this space.

42773

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No.
Township ~~Howell~~ — Primary Registration District No. 4227 — Registered No.
City West Plains (No. , St. Ward)

2. FULL NAME John Laten Fuller
(a) Residence, No. Washington Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rosa Lee Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 20, 1872

7. AGE: 62 YEARS, 11 MONTHS, 1 DAYS. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant & Shoe Rep. Shop.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Est.
10. Date deceased last worked at this occupation (month and year): Dec. 25, 1933
11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

FATHER
13. NAME: Joseph Fuller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina.

MOTHER
15. MAIDEN NAME: Polly Ann H. Adcox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

17. INFORMANT (ADDRESS): Mrs. Geo. Schneider, West Plains, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Oak Lawn Cem.
PLACE West Plains, DATE Dec. 23, 1934

19. UNDERTAKER (ADDRESS): Hal Thornburgh, West Plains, Mo.

20. FILED 12-~~22~~23, 1934 Vida N Simons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 21", 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24", 1934, to Dec. 19", 1934
I last saw him alive on Dec 19", 1934. Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset

N/A

Other contributory causes of importance:

Name of operation: None — Date of: —
What test confirmed diagnosis? Symptoms — 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? No
If so, specify
(Signed) R. A. Sparks, M. D.
(Address) West Plains, 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.