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.

J 8 1935

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

Do not use this space.

16633

File No. 2145

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township RAW Primary Registration District No. 1002

City KANSAS CITY (No. 219 NORTH MONROE St. Ward)

2. FULL NAME MRS. MARY EMMA FULLER

(a) Residence, No. 219 NORTH MONROE St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF EDWARD MARSHALL FULLER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER-6-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	8	17	

OCCUPATION

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

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) ATCHISON (STATE OR COUNTRY) KANSAS

FATHER

13. NAME ALBERT BURR

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

MOTHER

15. MAIDEN NAME MARY WRIGHT

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

17. INFORMANT MR. ALBERT B. FULLER (ADDRESS) 219 NORTH MONROE

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE MAY 25 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY MISSOURI

20. FILED May 24 1935 M. M. Corson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14 1935, to May 23 1935

I last saw deceased alive on May 23 1935 Death is said to have occurred on the date stated above, at 1:30 A.m.

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

	Date of onset
Cerebral Hemorrhage	5-14-35

Other contributory causes of importance: Arterio Sclerosis Not known

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) Claud Nelson, M. D.

(Address) 1204 Prof. Bldg