

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.

OCT 17 1935

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

Do not use this space.

22787

1. PLACE OF DEATH

County Sevier  
Township Hampton  
City Springfield MO

Registration District No. 318  
Primary Registration District No. 2091

File No. \_\_\_\_\_  
Registered No. 332  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Alfred Fullerton  
(a) Residence, No. 1407 W Chestnut St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alpha Hoover</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 30, 1881</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>11</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Calum

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) MO

13. NAME Albert Fullerton

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

15. MAIDEN NAME Sara Jump

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

17. INFORMANT (ADDRESS) Mr. Lenoid Fullerton

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Hill DATE July 31, 1935

19. UNDERTAKER (ADDRESS) Floyd W Hill

20. FILED July 31, 1935 Ralph Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/28, 1935, to 7/30, 1935. I last saw him alive on 7/29, 1935. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:  
Necrosis from Gastric ulcer

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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? If so, specify \_\_\_\_\_  
(Signed) Chas May Spide, M. D.  
Address Springfield Mo

