

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.

SEP 20 1935

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

Do not use this space.

26227

1. PLACE OF DEATH

County Grundy
Township Liberty
City ~~Grundy~~

Registration District No. 327
Primary Registration District No. 5453

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME Mrs Phylene E. Fulkerson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (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 Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6. 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 6 6

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

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

10. Data 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) Ohio

13. NAME Thomas Hudson

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

15. MAIDEN NAME Elliott

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

17. INFORMANT Boyle Fulkerson
(ADDRESS) Call me

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eldersburg Mo. DATE Aug 22 1935

19. UNDERTAKER Robertson & Son
(ADDRESS) Call me

20. FILED 8-19-35 El C Weston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1935, to Aug 18, 1935

I last saw him alive on Aug 18, 1935 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Brought. Disease Chancres
Cancer Unknown Cause & Nature
Seen Patient until day of Death

Other contributory causes of importance:
131

Name of operation _____ Date of _____
What test confirmed diagnosis? Specimen 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 _____, 1935

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) H. C. Burns, M. D.
(Address) Call me

