

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.

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

Do not use this space.

NOV 21 1935

129758

1. PLACE OF DEATH

County Jackson Registration District No. 383
 Township Kearl Primary Registration District No. 3
 City St. Louis (No. 1200 East 33rd St.) Ward.

File No. _____
 Registered No. 2935
 St. _____ Ward _____

2. FULL NAME

Matilda Almeida Fulton

(a) Residence, No. 1200 East 33rd 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edwin Fulton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-5-1851</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>7</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	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) (STATE OR COUNTRY) Canada

MOTHER FATHER 13. NAME John Bissell

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

15. MAIDEN NAME Lydia Merrick

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

17. INFORMANT Cecil Jayr Fulton
 (ADDRESS) 1200 East 33rd St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Elmwood DATE Oct-2-35

19. UNDERTAKER Wm. E. L. Gaudin
 (ADDRESS) 418 Broadway, St. Louis

20. FILED 10-1-35 M. M. Ceromeff

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:25 AM

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

Thrombocytopenic purpura

Other contributory causes of importance: None

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 _____, 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) _____, M. D.
 (Address) _____

