

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

Do not use this space.

32037

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. _____
 Township Fulton Primary Registration District No. 3008 Registered No. 213
 City Fulton (No. State Hosp no 1) St. 15 (Ward)

2. FULL NAME

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

Length of residence in city or town where death occurred 36 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 9 20

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

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) Fulton Mo13. NAME Charles Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. -15. MAIDEN NAME Eliza Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. -17. INFORMANT (ADDRESS) Hosp. Records18. BURIAL, CREMATION, OR REMOVAL Old Hickland Cemetery Oct 8 3519. UNDERTAKER (ADDRESS) Eli Bell Fulton Mo20. FILED Oct 7 1935 A. N. Green Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 193522. I HEREBY CERTIFY, That I attended deceased from May 11th 1935 to Oct 5th 1935I last saw him alive on Oct 5th 1935 Death is saidto have occurred on the date stated above, at 1:30 pm.

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

Cerebral Paralysis of the Insane Date of onset ?

(The contributory causes of importance: Cardiac exhaustion)

Name of operation None Date of _____What test confirmed diagnosis? _____ 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? noIf so, specify Thos Hopkins M. D.(Signed) _____ (Address) Fulton Mo

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.

MAR 24 1948

MAR 28 1948