

NOV 13 1935

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

Do not use this space.

33148

1. PLACE OF DEATH

County Johnson
Township
City Warrensburg (No.)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No. 117
St. Ward)

2. FULL NAME

(a) Residence, No. 604 S. Maguire 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>Fe</u>	4. COLOR OR RACE <u>Wh.</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>Joseph Jackson Fullks</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19, 1852</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>0</u>	DAYS <u>16</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>Housewife</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) <u>Mo.</u>				
MOTHER FATHER	13. NAME <u>Samuel E. Jones</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>			
	15. MAIDEN NAME <u>UNKNOWN</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>			
17. INFORMANT <u>Mrs Joe Caldwell</u> (ADDRESS) <u>Lecton Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill Cem.</u> DATE <u>Oct. 6</u> 19 <u>35</u>				
19. UNDERTAKER <u>W.F. Wilcox Funeral Service</u> (ADDRESS) <u>Warrensburg Mo.</u>				
20. FILED <u>Oct. 6</u> 19 <u>35</u> <u>Lena Bentley</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 193522. I HEREBY CERTIFY That I attended deceased from Sept 21 to Oct 5 1935I last saw him alive on Oct 4 1935. Death is saidto have occurred on the date stated above, at 4:55 A.M.

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

Cerebral Hemorrhage Date of onset Sept 1

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Cerebral Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) E. Johnson M. D.
(Address) Warrensburg Mo.

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.

STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

