

AUG 20 1936  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

26357

**1. PLACE OF DEATH**

County Harrison Registration District No. 340  
 Township White Oak Primary Registration District No. 5476  
 City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Julia Fultz  
 (a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
80 8 10

OCCUPATION  
 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.  
 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) Harrison Co Mo

FATHER  
 13. NAME Daniel Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont No

MOTHER  
 15. MAIDEN NAME Dont No

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont No

17. INFORMANT (ADDRESS) Mara White Mount Vernon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE First Church DATE July 27 1936

19. UNDERTAKER (ADDRESS) W. S. Noble Mount Vernon

20. FILED Aug 10 1936 J. S. Lane Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1936

22. I HEREBY CERTIFY that I attended deceased from July 22 1936 to July 25 1936. Last seen alive on July 25 1936. Death is said to have occurred on the date stated above, at 11 a.m.

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

Apoplexy Date of onset \_\_\_\_\_

Other contributory causes of importance: 922

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. S. Lane M. D.  
 (Address) Mount Vernon 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.

1936  
80  
1856