

JUL 25 1936

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

Do not use this space.

27589

1. PLACE OF DEATH

County Phelps
Township St. James
City S.T. JAMES (No. St. Ward)

Registration District No. 678
Primary Registration District No. 4404

File No.
Registered No.

2. FULL NAME MINNIE ESTELLE FULBRIGHT

(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 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF DR. CHAS. H. FULBRIGHT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DENTIST
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) 1-9-30 11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Chillicothe

MOTHER 13. NAME Miles Augustas Pinto

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Ohio

15. MAIDEN NAME Margaret Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Ohio

17. INFORMANT E. M. Pinto (ADDRESS) St. James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. JAMES Mo DATE 7-8-1936

19. UNDERTAKER W. E. Ficklider (ADDRESS) St. James Mo

20. FILED 7-8-1936 Max W. House Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-1936

22. I HEREBY CERTIFY, that I attended deceased from July 1936, to July 6, 1936. I last saw her alive on July 6, 1936. Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 1936

ggh

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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? no

If so, specify Wellbourn Brewer, M. D.
(Signed) St. James Mo

(Address) St. James Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

