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

SEP 25 1936

Do not use this space.

31511

1. PLACE OF DEATH

County Lafayette — Registration District No. 460 — File No.

Township Dover — Primary Registration District No. 5623 — Registered No.

City Higginsville (No. , St. Ward)

2. FULL NAME Frank Ballard Fulkerson

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

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 ✓ | 4. COLOR OR RACE ✓ | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Parthenia McMelan Fulkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5 1866

7. AGE — YEARS 70 — MONTHS 3 — DAYS 25 — If LESS than 1 day, hrs. or min.

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) Grundy Co. Mo.

FATHER

13. NAME Frederick D. Fulkerson

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

MOTHER

15. MAIDEN NAME Naity M. Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lenox, Mass.

17. INFORMANT (ADDRESS) Parthenia M. Fulkerson

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS) Houfer & Meurohager

20. FILED Aug 30 1936 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1936 to Aug. 30, 1936

I last saw him alive on Aug. 29, 1936 Death is said to have occurred on the date stated above, at 10 P.m.

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

	Date of onset
Angina Pectoris	
[illegible]	

Other contributory causes of importance:

Chronic Myocarditis

Name of operation ----- Date of --

What test confirmed diagnosis? physical 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 ----

(Signed) W A Brackleen, M. D.

(Address) Higginsville, 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.

WRITE PLAINLY

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

Do not use this space.

315-H

1. PLACE OF DEATH

County La Fayette — Registration District No. 460 — File No.

Township Dover — Primary Registration District No. 5623 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Frank Ballard Fulkerson

(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: Male

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

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

7. AGE — YEARS: 70 — MONTHS: 3 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER (ADDRESS)

20. FILED Dec 21, 1936 W. C. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset

Other contributory causes of importance:

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) W. A. Braecklein, M. D.

(Address) Higginsville Mo

SUPPLEMENTARY

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.

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