

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo.

Registration District No. 791  
Primary Registration District No. 1003  
(No. Bethesda Hospital)

File No. 32717  
Registered No. 8592  
St. .... Ward)

2. FULL NAME Faith Fulliam

(a) Residence, No. 1316 Chouteau Avenue St., 22 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 21st, 1935</b>		
7. AGE	YEARS	MONTHS
	<b>1</b>	<b>1</b>
		<b>28</b>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinning</u> 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) St. Louis  
(STATE OR COUNTRY) Missouri

13. NAME Edward J. Fulliam

14. BIRTHPLACE (CITY OR TOWN) Rolla,  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Caroline Rider

16. BIRTHPLACE (CITY OR TOWN) Gumbo,  
(STATE OR COUNTRY) Missouri

17. INFORMANT Edward J. Fulliam  
(ADDRESS) 1316 Chouteau Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Desloge, Mo. DATE August 19th 1936

19. UNDERTAKER Albert H. Hoppe  
(ADDRESS) 429 N. Euclid Avenue

20. FILED AUG 18 1936 J. Brebeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17 1936

22. HEREBY CERTIFY, That I attended deceased from Aug. 12, 1936, to Aug. 17, 1936  
I last saw her alive on Aug. 17, 1936 Death is said to have occurred on the date stated above, at 9 p.m.

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

Enteritis Date of onset 8/5/36

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? only

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) T. S. Zahorsky M. D.  
(Address) 536 Mt. Taylor

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.

1. 5  
526 N. Taylor