

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

36913

1. PLACE OF DEATH  
 County Carlaway Registration District No. 104  
 Township Fulton Primary Registration District No. 3008  
 City Fulton (No. ....) St. .... Ward)  
 Robert Elijah Christian

2. FULL NAME  
 (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Sue Christian</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>10/16 1864</b>		
7. AGE <b>71</b> YEARS	MONTHS <b>11</b>	DAYS <b>25</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Dry good Merchant</b>		
10. Date deceased last worked at this occupation (month and year) <b>About 2 yrs ago</b>		
11. Total time (years) spent in this occupation <b>in life time</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>		
13. NAME <b>William Columbus Christian</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tenn.</b>		
15. MAIDEN NAME <b>Mary Ann Barker</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>		
17. INFORMANT <b>Mrs. Sue Christian</b> (ADDRESS) <b>Fulton Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Fulton Mo.</b> DATE <b>10/12 36</b>		
19. UNDERTAKER <b>Herndon Taylor</b> (ADDRESS) <b>Fulton Mo.</b>		
20. FILED <b>10/11/ 1936</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 11 1936**

22. I HEREBY CERTIFY That I attended deceased from **April 15 1936** to **Oct 11 1936**  
 I first saw him alive on **Oct 10 1936** Death is said to have occurred on the date stated above, at **7 a. m.**  
 The principal cause of death and related causes of importance were as follows:  
**Chronic Nephritis**  
**Arterio Sclerosis**  
 Date of onset **Several years ago**

Other contributory causes of importance:  
**151**

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 **R. H. Jones** M. D.  
 (Signed) **R. H. Jones**  
 (Address) **Fulton Mo.**

Registrar.

