MAR 29 1937

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

Do not use this space.

9265

File No.
Registered No. 5

1. PLACE OF DEATH
County: Washington — Registration District No. 886
Township: Belgrade — Primary Registration District No. 6183
City: Potosi R-103 (No. , St. , Ward)
Mem Beaucoup Mo

2. FULL NAME: Nellie 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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. J. Fulkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6th 1892

7. AGE — Years: 44 — Months: 7 — Days: 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Washington Co Mo

FATHER
13. NAME: John Riley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): A. J. Fulkerson

18. BURIAL, CREMATION, OR REMOVAL
(PLACE) Weldon Cemetery DATE 1-31 1937

19. UNDERTAKER (ADDRESS): Caldwell Bros Flat River Mo

20. FILED Feb 12 1937 Mrs Ella White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/30 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/7 1936, to 1/30 1937
I last saw h. alive on 1/26 1937. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	

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: no
(Signed): [illegible] Irondale, Mo, M. D.
(Address):

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, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Macomb, Ill.

Lacoupe, Ill.