

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan,

Registration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph,

(No. St. Joseph's Hospital,

File No.

26687

Registered No.

774

St. _____ Ward)

2. FULL NAME

Clarence H. Fuller,

(a) Residence, No. _____ St., _____ Ward.

Omaha, Nebraska,

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

3 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 Emma Jeanne Fuller,

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

October 3, 1899,

7. AGE

YEARS

37

MONTHS

9

DAYS

4

IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Freight Accounting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Railroad

10. Date deceased last worked at this occupation (month and year)

July 1937

11. Total time (years) spent in this occupation

18

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

Salt Lake City, Utah,

13. NAME

Fuller

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

unknown

15. MAIDEN NAME

Elizabeth McNeill,

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

Unknown,

Utah,

17. INFORMANT (ADDRESS)

Mrs Clarence H. Fuller
Omaha, Nebr.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. Park DATE July 10th, 37

19. UNDERTAKER (ADDRESS)

Theodor Beseler & Bowman
319 So. 10th. Str. Funeral Home

20. FILED

7-8

19.

37

W. J. Westphal
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 7th, 1937

22. I HEREBY CERTIFY That I attended deceased from

July 7, 1937, to July 7, 1937

I last saw him alive on July 7, 1937. Death is said

to have occurred on the date stated above, at 11:00 a.m.

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

Cardiac Failure
Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Ether Anesthetics for
Splenectomy

Name of operation Splenectomy Date of July 7, 1937

What test confirmed diagnosis? Microscopic 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. J. Westphal, M. D.

(Address) 301 N. 8 St. Joseph 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.

