

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

Do not use this space.

DEC 14 1937

1. PLACE OF DEATH

County Adair

Registration District No. 4

File No. 40516

Township Y

Primary Registration District No. 3001

Registered No. 215

City Ferksville (No. 601)

S. Osteopathy

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Humphreys Mo. 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. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 9, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1937, to November 9, 1937.

I last saw him alive on November 9, 1937. Death is said to have occurred on the date stated above, at 11:05 A.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 30

Pyloric Stenosis  
(congenital) Date of onset ?

8. Trade, profession, or particular kind of work done, as splinner, 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 \_\_\_\_\_

Other contributory causes of importance: 157

12. BIRTHPLACE (CITY OR TOWN) Milans Route 5 (STATE OR COUNTRY) Missouri

13. NAME Montie Lee Fuller

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Irene May Well

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. M. L. Fuller (ADDRESS) Humphreys Mo

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Humphreys Mo DATE Nov 9, 1937

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

19. UNDERTAKER Family (ADDRESS)

(Signed) Wm. A. Gould (Address) Ferksville Mo.

20. FILED Nov 9, 1937 Spencer L. Freeman Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

