REC'D MAY 18 1938

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

Do not use this space.

14643

1. PLACE OF DEATH
County Green Co
Registration District No. 318
Township
Primary Registration District No. 2001
City Springfield Mo 902 E Walnut St. Ward)
File No.
Registered No. 339

2. FULL NAME William Ira Fulton U.S.
(a) Residence, No. St., Ward. Mt Vernon Mo.
(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 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 Mrs Etta Fulton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1872

7. AGE Years 65 Months 4 Days 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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) April 18 - 1938
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Mo

FATHER
13. NAME Ira T. Fulton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Sallie Roller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Hobart I. Fulton Mt Vernon Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE I.O.O.F. Cemetery DATE April 19 1938
Mt Vernon Mo

19. UNDERTAKER (ADDRESS) George B. Orr Mt Vernon Mo

20. FILED Apr 19, 1938 Chas A George Mo Registrar. 296

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1938, to 4/19, 1938
I last saw him alive on 4/17, 1938. Death is said to have occurred on the date stated above, at 230 P.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation None 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? No
If so, specify
(Signed) J H Freeling Mt, M. D.
(Address) Springfield Mo

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

SEP 12 1945

JAN 26 1945

JUL 25 1951