

REC'D JUL 19 1938

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

21461

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 1434
(c) City Fulton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 13 yrs. 3 mos. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mary Palmer St. 1456
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Turner Palmer

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 Dr. Dr.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Medico MoFATHER 13. NAME Robert H. Frazier14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dr.MOTHER 15. MAIDEN NAME Fanny Colvert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dr.17. INFORMANT (ADDRESS) Keop. Record.18. BURIAL, CREMATION, OR REMOVAL Oakland Cem. 145th St.19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. McDonald
Central Mo20. FILED June 6, 1938 R. N. Crews
Local Registrar. 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937 to June 6, 1938
I last saw h. e. alive on June 15, 1938. Death is said to have occurred on the date stated above, at 3:04 p.m.

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

Generalized convulsions
Coronary - at. way

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____

(Signed) W. J. Crews M.D. M. D.(Address) Fulton, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.