

REC'D JUL 11 1938 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22002

Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4227 Registered No. \_\_\_\_\_  
 (c) City West Plains, Mo. (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lee Hawkins Fuller

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 23, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1874

I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at 1:40 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 11 11

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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 \_\_\_\_\_

Typhoid Fever.

Date of onset 5-1-38

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

Other contributory causes of importance: \_\_\_\_\_

13. NAME Joseph Fuller

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

Name of operation Exam. Date of no  
 What test confirmed diagnosis? no test Was there an autopsy? no

15. MAIDEN NAME Helman Adcock

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

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. \_\_\_\_\_

17. INFORMANT Mrs. Jessie Nelson  
 (ADDRESS) West Plains, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL Bennett Chapel  
 PLACE Peace Valley, Mo. DATE June 24, 1938

19. FUNERAL DIRECTOR Hal Thornburgh  
 (ADDRESS) West Plains, Mo.

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify E. C. Cohen, M. D.  
 (Signed) \_\_\_\_\_

20. FILED 6-24 1938 Vida W. SIMONS  
 (Address) \_\_\_\_\_  
 Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3408

hereby certify that the body recorded on the reverse side of this certificate was embalmed by (Body not embalmed)

L. E. No. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

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.)