

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.

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Remick*
Township *Procola*
City *No*

Registration District No. *1102*
Primary Registration District No. *78505570*

File No. *32982*
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Albert Fuller 460

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

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *12* 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 *Col.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mammie Fuller*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Don't know*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 56

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

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

10. Date deceased last worked at this occupation (month and year) *Aug 18 1938* 11. Total time (years) spent in this occupation. *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Co. Tenn.*

MOTHER 13. NAME *Josephine Fuller*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K.*

15. MAIDEN NAME *Annie Taylor*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Co. Tenn.*

17. INFORMANT *Daniel Fuller*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Guardell mo* DATE *8-22* 1938

19. UNDERTAKER *J. J. Smith*

20. FILED *1098* 19 *38* *Mrs T. R. Cee* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 22 1938*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at *L. P.* m.

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

I don't know

Date of onset

possibly indigestion or some stomach trouble

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____
Nature of injury _____

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

If so, specify _____

(Signed) *Jack Kelly coroner* M.D.
Hayt mo

(Address) _____

