

REC'D JAN 18 1938

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

Do not use this space.

44039

1. PLACE OF DEATH

County **Pemiscot**Township **Hayti**City **Hayti**(No. **2**)Registration District No. **553**Primary Registration District No. **5864**

File No.

Registered No. **146**

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. **2** mos.

St.

Ward.

(If nonresident, give city or town and State)

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**Lena Fultz**

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

Mar. 4. 1883

7. AGE

YEARS

55

MONTHS

9

DAYS

21If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**Farmer**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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Newburn Tenn**

FATHER

13. NAME

Alfred Fultz14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**D.K. D.K.**

MOTHER

15. MAIDEN NAME

Harrett Woods16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**D.K. Tenn**17. INFORMANT
(ADDRESS)**Finnie Fultz
Hayti, Mo. R. Box 74**18. BURIAL, CREMATION, OR REMOVAL
PLACE**Netherlands, Mo.**DATE **12/27. 38**19. UNDERTAKER
(ADDRESS)**German Undt Co.
Steele, Mo.**

20. FILED

12/25 38**J. W. Rhodes**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 25. 38**, 19...

22. I HEREBY CERTIFY, That I attended deceased from

Dec 14, 19**38**, to **Jan 1**, 19...I last saw him alive on **12, 18** 19... Death is saidto have occurred on the date stated above, at **8** m.

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

Broncho pneumonia

Date of onset

Other contributory causes of importance:

107W

Name of operation

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

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) **William F. Fultz**(Address) **Hayti**

M. D.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 3

District File Number 39-10

Date Filed 1-11-39

APR 11 1951