

Dec JAN 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan
Township Duncan
City _____ (No. _____)

Registration District No. 852
Primary Registration District No. 6121

File No. 44707
Registered No. _____
St. _____ Ward _____

2. FULL NAME GERALD FIELDS FULLER.

(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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 11

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 occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lineville, (STATE OR COUNTRY) Iowa.

13. NAME Floyd A. Fuller

14. BIRTHPLACE (CITY OR TOWN) Utica, (STATE OR COUNTRY) New York.

15. MAIDEN NAME Bertha Loshbouch,

16. BIRTHPLACE (CITY OR TOWN) No Data (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Bertha Woods. (ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem. Milan, Mo. DATE Dec. 6, 1938

19. UNDERTAKER C. A. Schoene, (ADDRESS) Milan, Mo.

20. FILED Dec 5 1938 Leo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1938.

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

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

to have occurred on the date stated above, at 11:06 p.m.

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

He was riding in a truck and fell down. Hit a hard iron fastener. Head striking his neck.

Other contributory causes of importance: Some injury to head. Evidence showed that there was a dent in car.

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 _____, 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) J. C. Roberts, M. D.
(Address) Pollock, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-1056

Date Filed 1/14/39