

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.

1939 MAY 12 1939

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

Do not use this space.

1. PLACE OF DEATH

County Callaway

Registration District No. 104

Township Fulton

Primary Registration District No. 3008

City Fulton

File No. 14417

Registered No. 115

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 550 Martha Bowman 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R. Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 2 28

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

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) (STATE OR COUNTRY) Missouri

13. NAME Geo L. Jeffries

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Elizabeth G. Waters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. R. G. Galt (ADDRESS) Fulton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Grove DATE April 17, 1939

19. UNDERTAKER Geo. L. Jeffries (ADDRESS) Fulton, Missouri

20. FILED April 15, 1939 P. N. Creve Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to 4-15, 1939. I last saw her alive on 4-14, 1939. Death is said to have occurred on the date stated above, at _____ m.

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

Diabetes Mellitus with gangrene

Other contributory causes of importance:

Rheumatism

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? No

If so, specify _____

(Signed) W. O. Payne, M. D.

(Address) R. H. G. Fulton

