

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14421

Do not use this space.

1939 MAY 22 1939

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township _____ Primary Registration District No. 3008 Registered No. 128
 (c) City or town Fulton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. _____ 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

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11, 1877</u>				
7. AGE YEARS <u>62</u>	MONTHS <u>1</u>	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>			
	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fulton Missouri</u>				
FATHER	13. NAME <u>James Foster</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>			
MOTHER	15. MAIDEN NAME <u>Martha S. Williams</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Mabel Wade Fulton, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillcrest Cem. DATE May 17, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Leslie Wallace Fulton, Missouri</u>				
20. FILED <u>May 16, 1939</u> <u>A. N. Creve</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1939, to May 15, 1939
 I last saw him alive on May 14, 1939. Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
g. g. h.
 Other contributors of importance:
hypertensive angina

Date of onset
2-1-39

5-9-39

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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 EV
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. P. Hall, M. D.
 (Address) Fulton, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Harold J. Christy*

Licensed Embalmer No. *4002*

P. O. Address *Dutton, Mo.*

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.)

If this body is not embalmed, above space should be left blank.