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

15158
Do not use this space.

REC'D MAY 18 1939

1. PLACE OF DEATH
(a) County Jasper
(b) Township Galena
or
(c) City Joplin
Registration District No. 411
Primary Registration District No. 2002
Registered No.
(d) Street No. St. Johns Hospital 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 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 460 Allie May Fuller
(a) Residence, No. 1212 Joplin St. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roy E. Fuller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 6, 1904
7. AGE: YEARS 35 MONTHS 8 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Davenport, Iowa

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mr. Roy Fuller 1212 Joplin
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Park DATE Apr. 25, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Thornhill-Dillon Joplin, Mo.
20. FILED 4-24 1939 Ed D. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I last saw her dead alive on April 22, 1939 Death is said to have occurred on the date stated above, at 5:20 P.m. 4/22/39
The principal cause of death and related causes of importance were as follows:
Suicide by taking Carbolic Acid
Date of onset
Other contributory causes of importance: 16 2/0
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? In vestigation
23. If death was due to external causes (violence), fill in also the following:
~~Accident~~, suicide, or ~~homicide~~? Suicide Date of injury 4/29, 1939
Where did injury occur? Joplin Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Took Carbolic Acid
Nature of injury Suicide
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. L. Winchester Coroner, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 6,
District File Number 6-5-39-1101
Date Filed MAY 15 1939

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 David Dillon, Registered Apprentice No. ..... working under my personal supervision.

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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