

REC'D FEB 21 1939

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

2456
Do not use this space.

PLACE OF DEATH *Henry*
County *Henry* Registration District No. *2 345*
Township *Overton* Primary Registration District No. *5486* Registered No. *295*
(c) City *Henry* (d) Street No. *1* 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. FULL NAME *Christopher Columbus Fulkerson*
(b) Residence, No. *A. Brownington Mo* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Ladie A Fulkerson*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 23 - 1850*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 *4* *22*
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Furrier*
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) *Nov. 1938* 11. Total time (years) spent in this occupation *58*
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
13. NAME *Phillip Fulkerson*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
15. MAIDEN NAME *Mary Fulkerson*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
17. INFORMANT *Mamie Fulkerson*
(ADDRESS) *Brownington Mo*
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS)
20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 14, 1939*
22. I HEREBY CERTIFY That I attended deceased from *January - 11, 1939*, to *January 14, 1939*
I last saw him alive on *January 14, 1939*. Death is said to have occurred on the date stated above, at *11:45 a. m.*
The principal cause of death and related causes of importance were as follows:
Haemic Intoxication
Date of onset
Other contributory causes of importance:
Name of operation *Cholecystectomy* Date of *Jan 14, 1939*
What test confirmed diagnosis? *Cholecystectomy* 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
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *H. P. Rogers* M. D.
B. A. 2 (Address) *Brownington Mo*

Local Registrar.

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.

152

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,

Jensen N. Anderson

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Jensen N. Anderson

Licensed Embalmer No.

3641

P. O. Address

Clinton, 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.

- FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 3 48
(b) Township Osage Primary Registration District No. 5486 Registered No. 295
(c) City..... (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 Christopher Columbus Fulkerson

(a) Residence, No. Brownington 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1939

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

22. I HEREBY CERTIFY, That I attended deceased from January 11 1939 to January 14 1939

I last saw him alive on January 14 1939 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 4 22

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Nov 1938
11. Total time (years) spent in this occupation 58

traemic intoxication

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Other contributory causes of importance:

13. NAME Phillip Fulkerson

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

15. MAIDEN NAME Mary Fulkerson

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

17. INFORMANT Mamie Fulkerson
(ADDRESS) Brownington Mo

18. BURIAL, CREMATION, OR REMOVAL Brownington Mo DATE Jan 15 1939

19. FUNERAL DIRECTOR C. W. Rickett
(ADDRESS) Brownington Mo

20. FILED Jan 15 1939 E. R. Taylor, M.D.
Local Registrar

Name of operation..... Date of
What test confirmed diagnosis clinical urinary 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. R. Rogers....., M. D.
(Address) Brownington, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

243-6
292
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 348
(b) Township Boage Primary Registration District No. 3486 Registered No. _____
(c) City _____ (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

Christopher Columbus Fullerson
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14, 1999

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

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

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 88 4 22

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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 _____

Memoria Intoxicatio.
Presumably
arterio-sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance: _____
97

13. NAME

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

Name of operation _____ Date of _____

15. MAIDEN NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS)

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

Manner of injury _____
Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED _____, 19____ Local Registrar _____

(Signed) J. P. Rogers, M. D.
(Address) Brownington, Mo.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.