

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

Do not use this space.

34156

**1. PLACE OF DEATH**

County Leavenworth  
Township Lincoln  
City Leavenworth No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 416  
Primary Registration District No. 5571B

File No. \_\_\_\_\_  
Registered No. 23

**2. FULL NAME**

Infant of Mrs & Mrs Tommie Fullerton

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 2 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)**

Child

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

Child

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

Oct. 21 1929

**7. AGE**

YEARS ✓

MONTHS ✓

DAYS ✓

If LESS than 1 day, 0 hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

"

(c) Name of employer

"

**9. BIRTHPLACE (CITY OR TOWN)**

Quincy

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

Tommie Fullerton

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**12. MAIDEN NAME OF MOTHER**

Waltaker

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**14. INFORMANT**

(Address)

Joseph M. Morrison  
25 W. 1st St.

**15. FILER**

FILED

Oct 21 1929  
Sam Semmons  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 21 - 1929

**17. I HEREBY CERTIFY, That I attended deceased from** Oct 20, 1929, to Oct 20, 1929, that I last saw him alive on Oct 20, 1929, and that death occurred, on the date stated above, at 6:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

"Premature Birth and Convulsion"  
15 3/4  
hrs

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** Laboratory  
(Signed) Geo. H. Bragdon, M. D.

Oct 21, 1929 (Address) Quincy Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Quincy Cemetery

Oct 21 1929

**20. UNDERTAKER**

**ADDRESS**

Quincy Undertaker Quincy 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.

11/16/29  
10/25/1929

