

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

Do not use this space.

1. PLACE OF DEATH

County... Jackson

Registration District No. 399

File No. 17959

Township.....

Primary Registration District No. 1002

Registered No. 2200

City... Kansas City

(No. 2843 Troost Mrs. Clark's Convalescent Home Ward)

2. FULL NAME James Whiteford Fulton Jr.

(a) Residence. No. 1812 S. 14 KCK St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Emma F.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/25/1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
61 6 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. machinist Retd 2 yrs
(b) General nature of industry, business, or establishment in which employed (or employer) steel co.
(c) Name of employer Kaw Steel Const Co

9. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER James W. Fulton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Margaret McEwen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) Scotland

14. INFORMANT Mrs. J. W. Fulton
(Address) K. C. K.

15. FILED 5/8 31 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/7/31 19

17. I HEREBY CERTIFY, That I attended deceased from 5-20-1931 to 5-7-1931 that I last saw him alive on 5-7-1931, and that death occurred, on the date stated above, at 7:50p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
g2a
102 g2a
CONTRIBUTORY Previous cerebral
(SECONDARY) Hemorrhage (duration) 1 yrs. 6 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? 40 DATE OF.....
WAS THERE AN AUTOPSY? 40
WHAT TEST CONFIRMED DIAGNOSIS Clampson
(Signed) T. M. Mabey, M. D.

*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 Mt. Hope DATE OF BURIAL 5/9/31 19

20. UNDERTAKER Geo. H. Long ADDRESS KCK

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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