

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

Do not use this space.

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.

JUL 22 1935

1. PLACE OF DEATH  
 97 County Saline Registration District No. 796  
 5 Township \_\_\_\_\_ Primary Registration District No. 3038  
 7 City Marshall (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Elizabeth Fuller  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 21981  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harold E. Fuller  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1909  
 7. AGE YEARS 23 MONTHS 9 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, 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) Mo  
 13. NAME John W. Cox  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo  
 15. MAIDEN NAME Faith G. Henderson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT Mrs E. H. Fuller  
 (ADDRESS) Marshall Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Nelson Mo DATE June 25 1935  
 19. UNDERTAKER W. W. Campbell  
 (ADDRESS) Marshall Mo  
 20. FILED 7-3- 1935 C. Putnam  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1935  
 22. I HEREBY CERTIFY, that I attended deceased from May 20, 1933, to June 23, 1935. I last saw him alive on June 23, 1935. Death is said to have occurred on the date stated above, at 12:18 pm. The principal cause of death and related causes of importance were as follows:  
Septicococcic Peritonitis and blood stream infection  
1398  
129  
 Other contributory causes of importance:  
Double Salpinge oophorotomy  
 Date of onset 4/12/35  
 Name of operation Ligation of Fallopian tubes Date of \_\_\_\_\_ 4/7/35  
 What test confirmed diagnosis? Culture Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Incident, 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. P. Conway, M. D.  
 (Address) Marshall Mo

