

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.

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

Do not use this space.

36900

PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township Palatka Primary Registration District No. 2007 Registered No. \_\_\_\_\_  
City East Eighth No. 2711 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Frank Logan Fulton  
(a) Residence, No. 2711 E. 8th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Noellie Fulton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1884</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>6</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Pattern maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>United Iron Works</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 12, 1933</u>	11. Total time (years) spent in this occupation <u>30</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parkville, Mo.</u>		
MOTHER	13. NAME <u>John Fulton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Rogers</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs. Nellie Fulton</u> (ADDRESS) <u>2711 East 8th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East Memorial</u> DATE <u>Nov 21, 1933</u>		
19. UNDERTAKER <u>Leah Marie Mortuary</u> (ADDRESS) <u>1502 E. 15th St. Mo.</u>		
20. FILED <u>11-21, 1933</u> <u>C. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933, to Nov 1st, 1933

I last saw him alive on Nov 1st, 1933. Death is said

to have occurred on the date stated above, at 7:00 p.m.

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

Cerebral Hemorrhage with hypertension  
Date of onset 11-19-33

Other contributory causes of importance  
Mild Diabetes Mellitus

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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? No

If so, specify \_\_\_\_\_

(Signed) O. T. Blanke, M. D.

(Address) 725 Frisco Bldg., Jasper Mo.

