

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

Do not use this space.

MAR 24 1934

5614

1. PLACE OF DEATH

County Linn Registration District No. 496 File No. _____
Township _____ Primary Registration District No. 3025 Registered No. 19
City Brookfield (No. _____) St. _____ (Ward)

2. FULL NAME Albert Wood FULTON

(a) Residence, No. 313 Grant St. 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1894

7. AGE YEARS 89 MONTHS 2 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Saline County Mo

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Lucy Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs Stella Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE New Boston DATE 2-15 1934

19. UNDERTAKER (ADDRESS) W. H. White Brookfield

20. FILED 2-16 1934 J. H. Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1934 to Feb 14 1934

I last saw him alive on Feb 13 1934. Death is said to have occurred on the date stated above, at 12-05 am M.

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

Broncho-Pneumonia (Right)

92C
107A

930

Other contributory causes of importance:

Ch. Myocardial

Date of onset Feb 13

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 1934

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 _____

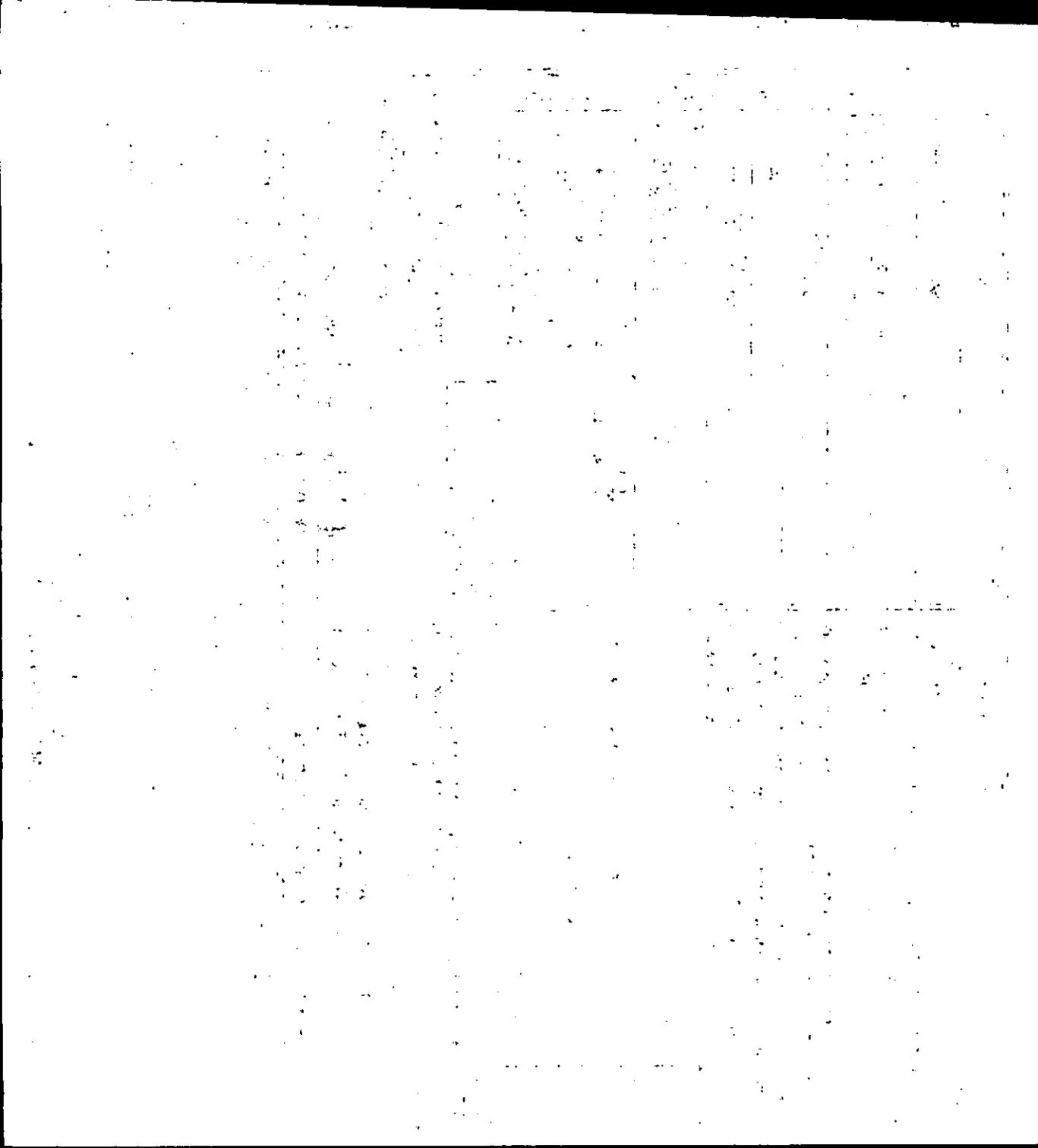
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James Evans M. D.

(Address) Brookfield Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. OCCUPATIONS OF DECEASED should be stated EXACTLY. PHYSICIANS should state



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn

Registration District No. 496

File No. _____

Township _____

Primary Registration District No. 3025

Registered No. 19

City Brookfield (No. _____)

St. _____ Ward _____

2. FULL NAME

Albert Wood Fulton

(a) Residence, No. 313 Grant St. 1 Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 - 1844

7. AGE YEARS 89 MONTHS 2 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Selma Co Mo

FATHER 13. NAME D.K.

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

MOTHER 15. MAIDEN NAME Lucy Jones

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

17. INFORMANT (ADDRESS) Mr Stiles Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE Mass Boston DATE 2/15/34

19. UNDERTAKER (ADDRESS) Cly Hill

20. FILED 2/15/34 1934 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1934 to Feb 14 1934

I last saw him alive on Feb 13 1934 Death is said

to have occurred on the date stated above, at 1256

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

Pneumonia Date of onset Feb 1-34
Chf Myocarditis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis chest Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934

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. L. Jones M. D.

(Address) Brookfield Mo

SUPPLEMENTARY

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

5-5614