

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.

DEC 18 1936

40445

1. PLACE OF DEATH
County Euchanan, Registration District No. 85
Township _____ Primary Registration District No. 100
City St. Joseph, (No. Missouri Methodist Hospital, St. _____ Ward _____)

2. FULL NAME James Guy Fulmer Jr.
(a) Residence, No. _____ St. _____ Ward. Amazonia, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 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) Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 3 7

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

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) Amazonia, Missouri,

13. NAME James Guy Fulmer Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia, Missouri,

15. MAIDEN NAME Leta Harrington,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia, Missouri,

17. INFORMANT (ADDRESS) James Guy Fulmer Sr. Amazonia, Missouri,

18. BURIAL, CREMATION, OR REMOVAL PLACE Reformed Cemetery Nov. 17th 1936

19. UNDERTAKER (ADDRESS) Healon-Belsale-Bowman 319 So. 10th. St. Funeral H.

20. FILED 11-17 1936 H. J. Nettleton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1936 to Nov. 16, 1936
I last saw him alive on Nov 15, 1936 Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:
Shock following operation for pyloric stenosis.
Other contributory causes of importance:
Pyrospasms
Name of operation Pylorectomy Date Nov 11, 1936
What test confirmed diagnosis? _____ 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) A. S. Garand, M. D.
(Address) St. Joseph Mo.

