DEC 9 JAN 11 1939

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

40695
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 10387
(c) City St. Louis, (d) Street No. 4122 Flora Place, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Guy B. Fulton,
(a) Residence, No. 4122 Flora Place, St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Fannie W. Fulton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 16, 1878
7. AGE: YEARS 60 | MONTHS 9 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Lumber Dealer
9. Industry or business in which work was done, as 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): Cairo, Illinois.

FATHER
13. NAME: Matthew P. Fulton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Jessie Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alton, Illinois.

17. INFORMANT (ADDRESS): Mrs. Guy B. Fulton 4122 Flora Place.
18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Bellefontaine DATE Dec. 2, 38.
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wagoner Und. Co. 3621 Olive St.
20. FILED ..... 19 ..... J. F. Bredick Local Registrar.
DEC 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29, 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1935, to 11-29, 1938
I last saw him alive on 11-29-38, 19..... Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Gen. Chr. Myocarditis
Date of onset: ?
Other contributory causes of importance: [signature]
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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) [signature], M. D.
(Address) 607 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. T. R. Kennedy
University Club Bldg.
[illegible] Rect.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Walter King, or by ✓,

Registered Apprentice No....., working under my personal supervision.

Signed Walter King

Licensed Embalmer No. 3563

P. O. Address 3621 Olive St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.