

1938 JAN 11 1939

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

42310
Do not use this space.

1. PLACE OF DEATH *Boone* 2
 (a) County *Boone* Registration District No. *73*
 (b) Township *Columbia* 1 Primary Registration District No. *3006* Registered No. *300*
 (c) City *Columbia* (d) Street No. _____ St. _____
 (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.
 41-0 *Ronnie Dale Fuller*
 2. PRINT FULL NAME _____
 (a) Residence, No. *1117* *Paris Rd* St. (If nonresident, give city or town and State)
 (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*) *single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 17 - 1938*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. *10*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Superst*
 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) *Columbia* (STATE OR COUNTRY) *Missouri*

FATHER 13. NAME *Ronald Fuller*
 14. BIRTHPLACE (CITY OR TOWN) *Missouri* (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME *Grace Zumwalt*
 16. BIRTHPLACE (CITY OR TOWN) *Missouri* (STATE OR COUNTRY) _____

17. INFORMANT *Ronald Fuller* (ADDRESS) *Columbia, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL *Crem.* PLACE *Columbia Mo* DATE *12-28-38*
 19. FUNERAL DIRECTOR *W. P. Dyer (Partors)* (ADDRESS) *Columbia Mo.*
 20. FILED *12/28/38* 1938 *Allie Selby* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-27-1938*
 22. I HEREBY CERTIFY, That I attended deceased from *Dec. 17 - 1938* to *Dec. 27 - 1938*
 I last saw him alive on *Dec. 27 - 1938* Death is said to have occurred on the date stated above, at *9 P. M.*
 The principal cause of death and related causes of importance were as follows:
Spina Bifida at birth Date of onset _____
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 Other contributory causes of importance:
Myelocystic during pregnancy
 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? *None* Date of injury _____, 19____
 Where did injury occur? *None*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *No*
 Manner of injury *None*
 Nature of injury *None*
 24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *W. P. Dyer*, M. D.
 (Address) *Columbia, Mo.*

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.

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STATEMENT BY LICENSED EMBALMER

W. H. Vandevanter

Licensed Embalmer No.

2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

not
1

me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

W. H. Vandevanter

Licensed Embalmer No.

2494

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.)