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.

I X12004

REC'D MAY 10 1939

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

791 1003

12816
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3158
(c) City ..... (d) Street No. ST. MARY'S INFIRMARY 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 435 Alice .R Fulton
(a) Residence, No. 446Ia Kenerly Ave. St. 11
(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: FEmale
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sylvester Fulton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9)29(09

7. AGE: 29 YEARS — MONTHS: 6 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: house wife
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): Ala

FATHER
13. NAME: Emitt Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala.

MOTHER
15. MAIDEN NAME: unkown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala.

17. INFORMANT (ADDRESS): Sylvestia Fulton. 4461 Kenerly. Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wasington Park, DATE: Apr. 4 1939

19. FUNERAL DIRECTOR (ADDRESS): J. W. Hughes. 2620 Lawton, Ave.

20. FILED: APR 3 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-31-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1939, to Mar 31, 1939
I last saw her alive on Mar. 31, 1939 Death is said to have occurred on the date stated above, at 7:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	Mar 1

Other contributory causes of importance: Hematogenous infection — Feb 20 1939

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. Was there an autopsy? yes.

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? .....
If so, specify .....
(Signed) W. A. Young, M. D.
(Address) 2316 Gamaket

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

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.)