

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.

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

Do not use this space.

JUN 20 1936

19207

1. PLACE OF DEATH

County GRUNDY
Township _____
City TRENTON (No. _____)

Registration District No. 328
Primary Registration District No. 3017

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME LOWELL BOND FULKERSON

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. 4 mos. 6 ds. (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>MALE</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 5-1917</u> | | |
| 7. AGE | YEARS <u>18</u> | MONTHS <u>7</u> |
| | DAYS <u>19</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>5-18-36</u> | |
| | 11. Total time (years) spent in this occupation <u>2 yrs</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) <u>Grundy Co</u> (STATE OR COUNTRY) <u>Missouri</u> | | |
| FATHER | 13. NAME <u>CLARENCE FULKERSON</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Grundy County</u> (STATE OR COUNTRY) <u>Missouri</u> | |
| MOTHER | 15. MAIDEN NAME <u>Beattie Hooker</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Grundy Co</u> (STATE OR COUNTRY) <u>Missouri</u> | |
| 17. INFORMANT <u>Clarence Fulkerson</u> (ADDRESS) <u>Box #3 Jamesport Missouri</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edwin's 2nd</u> DATE <u>5-26-36</u> | | |
| 19. UNDERTAKER <u>James A. Lewis</u> "3424" (ADDRESS) <u>Trenton Mo.</u> | | |
| 20. FILED <u>5-26-36</u> <u>Shrene D. Fair</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to May 24, 1936
I last saw him alive on May 24, 1936 Death is said to have occurred on the date stated above, at 2: A m.
The principal cause of death and related causes of importance were as follows:
Acute Appendicitis

Date of onset 5-18-36

Other contributory causes of importance:
Paralytic ileus complicated the appendicitis

Name of operation Appendectomy Date of 5-19-36
What test confirmed diagnosis? Operation 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) C. H. Henders, M. D.
(Address) Trenton Mo.

