

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

Do not use this space.

9263

1. PLACE OF DEATH
 40 County Grainland Registration District No. 330
 4 Township..... Primary Registration District No. 3017
 1 City TRENTON (No.....) St..... Ward.....

2. FULL NAME Amanda M. FULKERSON
 (a) Residence, No. 227 McPherson St St..... Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same
 10. Date deceased last worked at this occupation (month and year) Jan, 1908 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Lay County (STATE OR COUNTRY) Virginia

MOTHER FATHER 13. NAME Frederick W. Fullerton

14. BIRTHPLACE (CITY OR TOWN) Lee County (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Ann

16. BIRTHPLACE (CITY OR TOWN) Box 1000 (STATE OR COUNTRY) Massachusetts

17. INFORMANT Just Memphis (ADDRESS) 1 center mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highwayville Camp March, 10th 1933

19. UNDERTAKER Wain Fine Service (ADDRESS) PO Box # 3424, Trenton Mo

20. FILED 9 Mar 1933 E. Q. Duff Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 March 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to March 9, 1933

I last saw h. alive on 3-8, 1933 Death is said

to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 3-3-33
13 1/2
10 1/2
 Other contributory causes of importance:
Chronic Interstitial Nephritis 5 yrs
ago

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) O. R. Rooks, M. D.

(Address) Trenton 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.

APR 21 1933

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