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 8 1936

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

Do not use this space.

11650

1. PLACE OF DEATH
County Montcau Registration District No. 571
Township Walker Primary Registration District No. 4335
City California (No.) St. Ward)

File No.
Registered No. 23

2. FULL NAME Sabastian Dappington Fulks

(a) Residence, No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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) Montcau Co

FATHER
13. NAME Morgan Fulks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montcau Co

MOTHER
15. MAIDEN NAME Ann Dappington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montcau

17. INFORMANT (ADDRESS) Bertyde. Fulks California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 4/3 19 36

19. UNDERTAKER (ADDRESS) Williams & Friedmyer California Mo

20. FILED 4-3-1936 H.R. Bobyay (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31- 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to April 1936

I last saw him alive on March 31, 1936. Death is said to have occurred on the date stated above, at 2.30 a. m.

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

	Date of onset
Chronic Myocarditis.	
Arteriosclerosis	
1 3 2	

Other contributory causes of importance:

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?
If so, specify

(Signed) J. T. Burke Jr., M. D.
(Address) California Mo.