

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

Do not use this space.

**MAR 24 1936**

**1. PLACE OF DEATH**

County Monticau  
Township Walker  
City California

Registration District No. 571  
Primary Registration District No. 4335

File No. 6890  
Registered No. 9

**2. FULL NAME**

(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Gray  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 3 28

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) Monticau Co

13. NAME Abraham Fulcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

15. MAIDEN NAME Martha Spencer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

17. INFORMANT (ADDRESS) Mrs J. M. Gray  
California

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 2/20 1936

19. UNDERTAKER (ADDRESS) W. J. & F. Friedmeyer  
California

20. FILED 2 - 20 - 1936 H. R. Popejoy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/13, 1936, to 2/18, 1936

I last saw him alive on 2/18, 1936. Death is said

to have occurred on the date stated above, at 2.30 pm.

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

Bronchitis pneumonia Date of onset

Other contributory causes of importance:

renal insufficiency  
hypertension

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. F. Burke Jr. M. D.

(Address) California, U.S.

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.

