

JAN 20 1938

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

46096
Do not use this space.

1. PLACE OF DEATH
(a) County MONITEAU Registration District No. 575
(b) Township WILLOW FORT Primary Registration District No. 4389 Registered No. _____
(c) City TIPTON (d) Street No. _____
(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 William Tucker Fulliam
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Myrtle Fulliam</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-3-1876</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>1</u>	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Telegraph Operator</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Railroad</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Dec-14-1937</u>			
				11. Total time (years) spent in this occupation <u>30</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cedar City, Mo.</u>				
FATHER	13. NAME <u>William T. Fulliam</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway County, Mo</u>			
MOTHER	15. MAIDEN NAME <u>Martha Hughes</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway County, Mo</u>			
17. INFORMANT <u>Mrs. Myrtle Fulliam</u> (ADDRESS) <u>Tipton, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson City, Mo.</u> DATE <u>Dec-14-1937</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>W. B. Norman & Co. Callon Jefferson City Mo</u>				
20. FILED <u>12-18-37</u> <u>Wm. S. Smith Jr.</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>12-13-1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 13</u> 19 <u>37</u> , to <u>Dec 14</u> 19 <u>37</u>	
I last saw him alive on <u>Dec 13</u> 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>10:30 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Coronary Occlusion</u>	
Other contributory causes of importance: <u>gk</u>	
Name of operation	Date of _____
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>	
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? <u>no</u>	
If so, specify _____	
(Signed) <u>J. B. Norman</u>	M. D.
(Address) <u>Tipton Mo</u>	

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.

JAN 13 1951

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

Licensed Embalmer No.

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.)