

FILED OCT 12 1940

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

32597

Do not use this space.

1. PLACE OF DEATH

(a) County Monticau Registration District No. 571
 (b) Township Walker Primary Registration District No. 4335
 (c) City California (d) Street No. _____ St.
 (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

(a) Residence, No. Virginia Francis Fulk
California (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as 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 Mo

FATHER 13. NAME Charles Fulk

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

MOTHER 15. MAIDEN NAME Pearl Dress

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

17. INFORMANT (ADDRESS) Charles Fulk
Latham mo

18. BURIAL, CREMATION, OR REMOVAL PLACE High Land DATE 10/1 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William F. Friedman
California mo

20. FILED 10-7 1940 H. H. Popejoy
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1940 to Sept 28 1940

I last saw him alive on Sept 28 1940 Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Acute appendicitis and general peritonitis with intestinal obstruction.

Date of onset

Other contributory causes of importance:

Several previous attacks. Took much purgatives before consulting physician.

Name of operation appendectomy Date of 9-25-40

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) L. L. Latham M. D.

(Address) California mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. E. Sullivan

Licensed Embalmer No. *3537*

P. O. Address *California m*

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.)

If this body is not embalmed, above space should be left blank.