

MAY 27 1930

MISSOURI STATE-BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9579

1. PLACE OF DEATH

County Moniteau
 Township Granger
 City California (No.)

Registration District No. 571
 Primary Registration District No. 4335

File No.
 Registered No. 16
 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 - 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 1 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Moniteau Co

10. NAME OF FATHER

Wm Fulk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Eliza Barger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

14. INFORMANT (Address)

Robt L Fulk
California Mo

15. FURNITURE

March 30
Jas W. Roth
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 1930 to 1930
 that I last saw him alive on March 10 - 1930, and that death occurred, on the date stated above, at 1 pm m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of
oesophagus

468 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 440 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dashley M. Gray, M. D.
March 1930 (Address) California Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Masonic Cms
3/12 1930

20. UNDERTAKER

ADDRESS

William T. Friedmeyer
California Mo

WRITE PLAINLY, WITH UNMINDING 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.

at 2000