

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.

68  
MAR 17 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7245  
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 577  
(b) Township East Union Primary Registration District No. 5775  
(c) City Latham (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

Henry Alexander Fulk  
(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sarah Jane Fulk  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1860  
7. AGE YEARS 78 MONTHS 5 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Storekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. (retired)  
10. Date deceased last worked at this occupation (month and year) 2-22-39 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Missouri 0  
FATHER 13. NAME Marion Fulk 0  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 9  
MOTHER 15. MAIDEN NAME Amanda Fulk  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT (ADDRESS) Ray Fulk  
Latham Mo  
18. BURIAL, CREMATION OR REMOVAL PLACE Highland DATE Feb. 28th, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) James E. Rich  
Linton Mo  
20. FILED 3-6 19 39 Nadine Latham 599 (Address) California, Mo  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27th 19 39

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 19 39 to Feb. 26 19 39

I last saw him alive on Feb. 26 19 39. Death is said

to have occurred on the date stated above, at 3 A. m.

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

Lobar Pneumonia

Date of onset

2-20-39

Other contributory causes of importance: 106

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. H. Bann D.O.

(Address) California, Mo

STATEMENT BY LICENSED EMBALMER

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

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

Signed Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton Mo

**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.**