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.

REC'D APR 11 1939

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

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Do not use this space.

1. PLACE OF DEATH
68 County Moniteau 1 Registration District No. 577
Township [illegible] Primary Registration District No. 5775
City Latham (No. ....., ... St. ..... Ward)
File No. 11607
Registered No. 5

2. FULL NAME 429 Sarah James Fulks
(a) Residence, No. ..... St., ... Ward. ..... (Usual place of abode) (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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow
5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Henry Alexander Fulks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct , 13, 1864
7. AGE: YEARS 74 MONTHS 4 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 2/24/39
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County Missouri 0

FATHER
13. NAME James Black 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Sarah Barnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Roy Hickman
(ADDRESS) Latham Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 3/7/1939, 19
19. UNDERTAKER James E. Richards.
(ADDRESS) Tipton, Mo
20. FILED 3-7, 1939 Nadine Latham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to March 5, 1939
I last saw her alive on March 5, 1939 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows: Lobar Pneumonia
Date of onset 2-26-39

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Other contributory causes of importance:

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) R. F. Barrow D.O. ~~M.D.~~
(Address) California, Mo.

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