

Fuller, Delmar 1908 - 1949

Form V. R. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		State File No. <b>4538</b>
Registration District No. <b>5001</b>		Primary Registration District No. <b>2165</b>		
1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Kentucky</b> b. COUNTY <b>Knox</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Delimiton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Emmalena</b>		
c. LENGTH OF STAY (in this place) <b>mo. 8 da.</b>		d. STREET ADDRESS (If rural, give location) <b>060</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Delmar Samson Hospital</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 25 1949</b>		
3. NAME OF DECEASED a. (First) <b>Delmar</b>		b. (Middle)		c. (Last) <b>Fuller</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 7 1908</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>2</b>	9. AGE (In years last birthday) If Under 1 Year If Under 24 Hrs. Min. <b>40</b>	
11. BIRTHPLACE (State or foreign country) <b>Emmalena K.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>D. S. Fuller</b>		14. MOTHER'S MAIDEN NAME <b>Cynthia Ritchie</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>wife</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Glomerular nephritis, subacute</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>591X - 130</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to <b>3/25, 1949</b> , that I last saw the deceased alive on <b>3/25, 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. DATE SIGNED		23b. ADDRESS		23c. SIGNATURE (Degree or title) <b>Oliver N. Karamanoglu</b>
24a. BURIAL CREMATION, (REMOVAL) (Specify)		24b. DATE <b>3/27/49</b>		24c. NAME OF CEMETERY OR CREAMATORY <b>Steinplatz Hazard Hwy for Danville</b>
24d. LOCATION (City, town, or county) (State)		25a. DATE REC'D BY LOCAL REG. <b>3-30-49</b>		
25b. REGISTRAR'S SIGNATURE <b>D. C. Fullen</b>		26. FUNERAL DIRECTOR <b>Paul F. Horn</b> ADDRESS <b>Sec. 4.</b>		