

*Fuller, Jo Ann 1931 -1934*

**Bourbon News – March 13, 1934**

**Fuller**

Jo Ann Fuller, three-year-old daughter of Albert and Maude Ransday Fuller, died at the family home near Centerville, this county, Saturday afternoon at 5:30 o'clock, following a several days' illness. Surviving are the parents and one brother. J. C. Fuller.

The funeral services were conducted at the family home near Centerville Monday afternoon at 2 o'clock by Rev. W. T. Henry, and burial followed in the family plot in the cemetery at Jacksonville, this county. The bearers were John Toohey, Julian Fuller, Usery Fuller, James Toohey, jr., Allen Spears and Chester Ransdall.



Form V. S. 1-A-75m-3-30-33

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**

**5455**

**1. PLACE OF DEATH**  
County Bourbon Registration District No. 4191  
Vot. Prec. Centerville # I Primary Registration District No. 97  
Inc. Town \_\_\_\_\_ Ward \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

**2. FULL NAME** Jo Ann Fuller  
(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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) _____			21. DATE OF DEATH <u>Mch. 10-1934</u> , 19 <u>34</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Mar. 4</u> , 19 <u>34</u> to <u>Mar 10</u> , 19 <u>34</u> I last saw <u>her</u> alive on <u>Mar 10</u> , 19 <u>34</u> , death is said to have occurred on the date stated above, at <u>5:00</u> P.M. The principal cause of death and related causes of importance in order of onset were as follows: <u>Broncho-pneumonia, primary,</u>	
6. DATE OF BIRTH <u>Apr. 23-1931</u>					Date of onset _____	
7. AGE Years <u>3</u> Months <u>10</u> Days <u>17</u>		If LESS than 1 day ..... hrs. or ..... min.				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					Contributory causes of importance not related to principal cause: _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____						
10. Date deceased last worked at this occupation (month and year) _____					11. Total time (years) spent in the occupation _____	
<b>12. BIRTHPLACE</b> <u>Fayette Co. Ky.</u>						
<b>13. NAME</b> <u>Albert Fuller</u>						
<b>14. BIRTHPLACE</b> <u>Fayette Co. Ky.</u>						
<b>15. MAIDEN NAME</b> <u>Maudie Ransdell</u>						
<b>16. BIRTHPLACE</b> <u>Bourbon Co. Ky.</u>						
<b>17. INFORMANT</b> <u>Albert Fuller</u> (Address) <u>Paris, Ky. RFD.</u>						
<b>18. BURIAL, CREMATION, OR REMOVAL</b> Place <u>Jacksonville, Ky.</u> Date <u>Mch. 12-34</u>						
<b>19. UNDERTAKER</b> <u>Geo. R. Davis &amp; Co.</u> (Address) <u>Paris, Ky.</u>						
<b>20. FILED</b> <u>MAR 12</u> , 19 <u>34</u> <u>Mrs. Blanche Suttner</u> Registrar						
					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 <u>34</u> 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? <u>no</u> If so, specify _____ (Signed) <u>Chas. Sweetnam</u> M. D. (Address) <u>705 Paris, Ky.</u>						

M. D. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.