

Fuller, Mary Lou 1942 - 1943



M. B.—WRITE PLAINLY WITH UNFADING 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.

MARGIN RESERVED FOR BINDING

46

**COMMONWEALTH OF KENTUCKY**  
Department of Health  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registrar's No. 174  
**3262**

Registration District No. 500 Primary Registration District No. 2165

**1. PLACE OF DEATH:**  
(a) County Fayette  
(b) City or town Lexington  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution: Good Sam. Hosp.  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_ (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Ky (b) County Fayette  
(c) City or town Rural  
(If outside city or town limits, write RURAL)  
(d) Street No. Carrick Pike  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ YEARS

3(a) FULL NAME Mary Lou Fuller  
3(b) If veteran, Name war No 3(c) Social Security No. No  
4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced SINGLE  
6(b) Name of husband or wife \_\_\_\_\_  
6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
7. Birth date of deceased Mch. 9--1942  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.  
9. Birthplace Paris, Ky.  
10. Usual occupation None  
11. Industry or business \_\_\_\_\_

**FATHER** { 12. Name R. Hora ce Fuller  
13. Birthplace Fayette Co., Ky.

**MOTHER** { 14. Maiden name Mary Lucille Hill  
15. Birthplace Cassay Co., Ky.

16(a) Informant's own signature R. H. Muller  
(b) Address Fayette Co., Carrick Road.  
17. BURIAL, CREMATION, OR REMOVAL Fayette Co.  
Place Old Union, Ky. Date 2-21-43  
18(a) Signature of funeral director Kerr Bros.  
(b) Address Lexington, Ky.  
19(a) 2-24-42 (Date received by local registrar) (b) R. H. Muller (Registrar's signature)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH Feb. 19-43  
21. I hereby certify that I attended the deceased from 2-16 1943  
to 2-19 1943 and that death occurred on the date stated above at 9:45 P.M.  
Immediate cause of death Pneumonia  
Circulatory Collapse.  
Due to Pneumonia  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings:  
Of operations 107  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature S. G. Griffith M.D. (M. D. or other)  
Address Lexington, Ky. Date signed 2-23-43  
Good Samaritan Hosp