

Fuller, William Lee Jr. 1916 - 1916

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
FORM V B 1-900M 5-29-12 Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b>				
1 PLACE OF DEATH County <u>Carroll</u>			File No. <u>20115</u> Registered No. <u>768</u> <small>(If death occurred in a hospital or institution, give its name instead of street and number.)</small>	
2 SEX <u>Male</u> 4 COLOR OR RACE <u>White</u> 5 SINGLE, MARRIED, WIDOW OR DIVORCED <u>Single</u> 6 DATE OF BIRTH <u>Aug 30, 1916</u> 7 AGE <u>1 yr. 10 mos. 10 ds.</u> IF LESS than 1 day... hrs. or... min.?				
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business or establishment in which employed (or employer)			16 DATE OF DEATH <u>Aug 30, 1916</u> 17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 30, 1916</u> , to <u>Aug 30, 1916</u> , that I last saw him... alive on... 1916, and that death occurred on the date stated above at... <u>11.00 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Stillborn</u> (Duration).... yrs.... mos.... ds.	
9 BIRTHPLACE (State or country) <u>Carroll Ky</u>			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death... yrs.... mos.... ds.    In the State... yrs.... mos.... ds. Where was disease contracted, if not at place of death? Former or usual residence...	
10 NAME OF FATHER <u>William L. Fuller</u> 11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u> 12 MAIDEN NAME OF MOTHER <u>Ophelia Netteland</u> 13 BIRTHPLACE OF MOTHER (State or country) <u>Carroll Ky</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (Signed) <u>J. M. Gans</u> , M. D.    Sept 1, 1916    (Address) <u>Carroll Ky</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Ophelia Netteland</u> (Address) <u>Carroll Ky</u>			19 PLACE OF BURIAL OR REMOVAL <u>DOF Cemetery</u> DATE OF BURIAL <u>Aug 31, 1916</u> 20 UNDERTAKER <u>W. S. Peppig</u> ADDRESS <u>Carroll Ky</u>	
3 FULL NAME <u>William Lee Fuller Jr.</u> 4 REGISTRATION DISTRICT NO. <u>701</u> 5 PRIMARY REGISTRATION DISTRICT NO. <u>7970</u>			1 REGISTRAR <u>J. G. Gimp</u> 11-3184	