REC'D APR 10 1939

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

10671
Do not use this space.

1. PLACE OF DEATH
(a) County Dent 2 Registration District No. 997
(b) Township Gladden 1 Primary Registration District No. 6238 Registered No. 1
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20-0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Fuis
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Anna Fuis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1873

7. AGE: Years 65 | Months 3 | Days 19 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 7

FATHER
13. NAME Jacob Fuis 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 7

MOTHER
15. MAIDEN NAME Kathryn ? 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Anna Fuis
(ADDRESS) Jadwin, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove Cem DATE 3/25/39, 19

19. FUNERAL DIRECTOR Carl K. Spencer
(ADDRESS) Salem, Missouri 243

20. FILED Mar. 31, 1939 Mrs. Etta Moore Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/16/39, 19, to 3/19/39, 19
I last saw him alive on 3/19/39, 19 Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 3/16/39 |
| DS | |
| Other contributory causes of importance: | |
| Hypertension Disease | 1927 |
| Bronchial Asthma | 1937 |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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? No
If so, specify .....
(Signed) Lloyd H. Grant, M. D.
(Address) Salem, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 1 X12004

## STATEMENT BY LICENSED EMBALMER

I, Wm. W. McDonald, Licensed Embalmer No. 3806

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**