

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

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23915 ~~24015~~

PLACE OF DEATH

County Pulnam

Township Elm.

Village \_\_\_\_\_

City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 719

Primary Registration District No. 5950

File No. \_\_\_\_\_

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Isaac Fuchs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widower  
(Write the word)

DATE OF BIRTH June 9, 1832  
(Month) (Day) (Year)

AGE 80 yrs. 15 mos. 15 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

BIRTHPLACE (City or town, State or foreign country) Illinois - 1-00

NAME OF FATHER Isaac Fuchs

BIRTHPLACE OF FATHER (City or town, State or foreign country) Illinois

MAIDEN NAME OF MOTHER Hancy Lupton

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dora Fuchs

(ADDRESS) Sumner Mo.

Filed July 9<sup>th</sup> 1912 Miss Porter Kay REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 3, 1912, to June 22, 1912, that I last saw him alive on June 16, 1912, and that death occurred, on the date stated above, at 4 1/2 m.

The CAUSE OF DEATH\* was as follows:  
83  
97 General Paralysis of Insane

(Duration) 2 yrs. \_\_\_ mos. \_\_\_ ds.

Contributory Arteriosclerosis  
(Secondary) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Miss Porter Kay M. D.  
June 22, 1912 (Address) Unsubscribed Mo.

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Sumner, Miss. Buried. DATE OF BURIAL June 23, 1912

UNDERTAKER Wool Spacks ADDRESS Matthias

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.

