SEP 25 1929

WRITE PLAINLY—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.

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

Do not use this space.

1303 Ponáka 27483

1. PLACE OF DEATH
County: Greene — Registration District No.: 218 — File No.:
Township: — Primary Registration District No.: 20 — Registered No.: 597
City: Springfield (No. 873 S. Clay Ave. St. Ward)

2. FULL NAME: Etta M. Fuss

(a) Residence. No. 873 S. Clay Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry Fuss

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 9 — 1869

7. AGE: Years 60 — Months 2 — Days 7 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Harvey Fuss
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): N.Y.
12. MAIDEN NAME OF MOTHER: Ellen M. Fuss
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): N.Y.

14. INFORMANT: Harvey H. Fuss
(Address): 873 S. Clay Ave

15. FILED 8-16 1929 Geo. Sharp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-16-1929

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to 8-16-1929, 1929, that I last saw h. alive on 8-16-1929, and that death occurred, on the date stated above, at 5:15 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Disease
Chronic Valvular
16 B
9 B (duration) 20 yrs. 30 mos. ds.
CONTRIBUTORY (SECONDARY): Hypertherapy
(duration) about 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. H. Calloway, M. D
8/16, 1929 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Nordale Olive — DATE OF BURIAL: 8-18-1929
20. UNDERTAKER: W. Harris — ADDRESS: Rockett

5-98