OCT 28 1930

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

Do not use this space.

29233

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001 — File No. 1086

City St. Joseph, (No. 3321 Mitchell Avenue, St. Ward) — Registered No.

2. FULL NAME Emma Jane Fuson,

(a) Residence. No. 206 South 24th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J. Fuson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	2	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Janesville, (STATE OR COUNTRY) Wisconsin,

PARENTS

10. NAME OF FATHER Miles Washburn,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kingston, (STATE OR COUNTRY) New York,

12. MAIDEN NAME OF MOTHER Rosa Newkirk,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kingston, (STATE OR COUNTRY) New York,

14. INFORMANT Mrs. Bruce Mitchellhill (Address) 206 South 24th Street,

15. FILED OCT 1 1930 John G. Wh. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1930, to Sept 30, 1930 that I last saw her alive on Sept 25, 1930, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach.

46 B

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. F. Owens, M. D.

10/2, 1930 (Address) Schneider Bldg.

*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	DATE OF BURIAL
St. Jo. Memorial Park Cem.	Oct. 2, 1930

20. UNDERTAKER	ADDRESS
Heaton-BeGole & Bowman Funeral Home	319 S. 10 St.

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.

MAY 2 1945
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