

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

Do not use this space.

38598

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. No. Sisters Hospital

File No. _____
Registered No. 1336
St. _____ Ward _____

2. FULL NAME

Frances Mignery Fuelling
(a) Residence. No. 1107 Elwood St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Louis Fuelling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
25 7 1

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) St. Joseph, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Emil Mignery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph, Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. L. Fuelling
(Address) St. Joseph, Mo.

15. FILED 16 1930
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 15, 1930 that I last saw her alive on Dec 14, 1930, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puritonitis
12/11
12/11

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Effendicitis

(duration) _____ yrs. _____ mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED? 11/13
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF Dec 11-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? bluesical
(Signed) M. J. Gray, M. D.
12/15, 1930 (Address) St. Joseph 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 Memorial Park DATE OF BURIAL Dec 16 1930

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Calhoun

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.

JAN 19 1931

DEC. 16 1930

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