

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

Do not use this space.

OCT 17 1935

1. PLACE OF DEATH

County Buchanan. Registration District No. 85
 Township Primary Registration District No. 1004
 City St. Joseph. (No. 1920 North 2nd Street.) St. _____ Ward _____

28744

File No. _____
 Registered No. 339

2. FULL NAME Harry Daniel Fuson.

(a) Residence, No. 1920 North 2nd Street. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 4, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 0 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.
 9. Industry or business in which work was done, as silk mill, 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) St. Joseph, Missouri.
 (STATE OR COUNTRY)

13. NAME John O. Fuson.

14. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri.
 (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Maney.

16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri.
 (STATE OR COUNTRY)

17. INFORMANT John O. Fuson.
 (ADDRESS) 1920 North 2nd Street.

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery
 PLACE St. Joseph Mo. DATE Sept. 11, 1935

19. UNDERTAKER H. O. Sidenfaden.
 (ADDRESS) 1802 Union Street, St. Joseph Mo.

20. FILED SEP 10 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 9, 1935

22. I HEREBY CERTIFY, That I visited deceased from Sept. 9, 1935, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:15pm

The principal cause of death and related causes of importance were as follows:

Drowning (Accidental) Date of onset _____

Other contributory causes of importance: fell in cistern at home 64

Name of operation none Date of _____
 What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/9, 1935

Where did injury occur? Exposure
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury Fell in cistern

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Forrest Thomas Coroner, M. D.

(Address) 731 Jarama

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.

