WRITE PLAINLY, WITH 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.

OCT 2 2 1935

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

Do not use this space. 29493 3504

File No. 1058

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No. 30

Township Kansas Primary Registration District No.

City Kansas City (No. Between Troost & Paseo on 15th in Co. St. Ward)

2. FULL NAME Joseph Edwards Fuller

(a) Residence, No. 6007 East 8th 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

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: Ella Fuller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 13 1872

7. AGE: Years 63 Months 3 Days 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tinner

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) (STATE OR COUNTRY): Buffalo N. Y.

FATHER

13. NAME: Joseph Fuller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Mary Elizabeth Fox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Mrs Ella Fuller Avalon Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Mukwonago Wisc. DATE Sept 8 1935

19. UNDERTAKER (ADDRESS): Neil Funeral Home 6606 Independence Ave

20. FILED 9-7 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4/35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above at ....m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
Chronic nephritis hypertensive type	

Other contributory causes of importance:

NO 930

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]