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.

APR 15 1936

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9328

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 331

City: St. Joseph. (No. 2847 Jule St. St. Ward)

2. FULL NAME: Frances Susan Fuger

(a) Residence, No. 2847 Jule St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Ernest Fuger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 29, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	61	2	4	

OCCUPATION

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

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): Edgar Co. Ill.

FATHER

13. NAME: Martin Knowles

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

MOTHER

15. MAIDEN NAME: Katherine Hurst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edgar Co. Ill.

17. INFORMANT (ADDRESS): Ernest Fuger 2847 Jule St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: Mar. 5, 1936, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: 3-4, 1936 John H. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 3, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1934, to March 3, 1936

I last saw her alive on March 3, 1936. Death is said to have occurred on the date stated above, at 4.35 m. A.M.

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

	Date of onset
Generalized Abdominal Carcinomatosis secondary to Carcinoma of Sigmoid	4/10/34

Other contributory causes of importance:

Name of operation: Colostomy — Date of: 5/25/36

What test confirmed diagnosis? Operation Was there an autopsy? No.

Xray - clinical

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? No.

If so, specify:

(Signed) Clarence A. Good, M. D.

(Address) Tootle Bldg., St. Joseph, Mo.