

RECD JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson  
Township Waller  
City Desoto Mo. (No. ...., St. .... Ward)

Registration District No. 420  
Primary Registration District No. 3022

22174

File No. ....  
Registered No. 43

2. FULL NAME

David Fusselman  
(a) Residence, No. N. Main St. St. .... Ward. ....

(Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred 6 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1851

7. AGE YEARS 86 MONTHS 9 DAYS 11 IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer  
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) Rich Co. Mo.

MOTHER 13. NAME George Fusselman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reyn.

15. MAIDEN NAME Kate Fusselman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waller

17. INFORMANT W. Fusselman (ADDRESS) 304 Waller Desoto

18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto no DATE June 12 1938

19. UNDERTAKER Motherhead (ADDRESS) Desoto no

20. FILED 7-6 1938 Jeneva Dornell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938, to June 10 1938. I first saw him alive on June 29 1938. Death is said to have occurred on the date stated above, at 7 m. The principal cause of death and related causes of importance were as follows:

Myocardial Regurgitation of heart and kidney  
92 W  
Other contributory causes of importance: None

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? no

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 Heart & Kidney  
(Signed) Walter C. Gibson M. D.  
(Address) Desoto, Mo.

