

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

Do not use this space.

8696

1. PLACE OF DEATH

County HENRY  
Township CLINTON  
City CLINTON

Registration District No. 347  
Primary Registration District No. 3018  
(No. A14, WEST OHIO)

File No. \_\_\_\_\_  
Registered No. 44  
St. 3 Ward \_\_\_\_\_

2. FULL NAME CAROLINE FUSON

(a) Residence, No. 414 WEST OHIO St., 3 Ward.

(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 FEMALE 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 W.M. FUSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1846

7. AGE YEARS 88 MONTHS 2 DAYS 30 IF LESS than 1 day, ..... hrs. or ..... min.

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

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) UNION STAR MISSOURI

13. NAME ED. VAUGHN

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

15. MAIDEN NAME MARTHA PHILLIPS

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

17. INFORMANT MRS WM JONES (ADDRESS) CLINTON MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE ENGLEWOOD DATE APRIL 2 1934

19. UNDERTAKER SIMS FUNERAL HOME (ADDRESS) CLINTON MISSOURI

20. FILED 4-3 1934 J.R. Hampton Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1934, to March 31, 1934

I last saw her alive on March 31, 1934 Death is said to have occurred on the date stated above, at 6 P. m.

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

Fractures of Femur  
186 B  
192 B  
111 B

Date of onset 2/17/34

Other contributory causes of importance:

Terminal Pneumonia

Name of operation none 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? Accident Date of injury 2/17, 1934

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

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

Manner of injury due to a fall

Nature of injury Fractures of femur

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

If so, specify \_\_\_\_\_

(Signed) S. W. Wolzen, M. D.

(Address) Clinton, Mo.

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.

