

This is to certify that the following information is taken from a certificate of death filed in the Division of Vital Statistics, Pennsylvania Department of Health, as directed by Act 66 of the General Assembly, 1953, P. L. 304.

N^o 14081

MAR 21 1979

(DATE)



Leonard Bachman
(SECRETARY OF HEALTH)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

File No. 39220-26

Registered No. 10808

Primary Dist. No. _____

CERTIFICATION OF DEATH

1. DEATH OCCURRED IN: Philadelphia		A. COUNTY Philadelphia		2. DECEASED'S MAILING ADDRESS: 1214 Cabot St.		A. STREET ADDRESS	
B. CITY OR BOROUGH Philadelphia		C. TOWNSHIP		B. POST OFFICE, STATE _____			
3. VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO		A. WHICH WAR		B. SERIAL NO.			
4. NAME OF DECEASED A. FIRST Edward		B. MIDDLE		C. LAST Fusselback		5. DATE OF DEATH MONTH 4 DAY 14 YEAR 26	
6. SEX M	7. RACE W	8. MARRIED <input type="checkbox"/>	NEVER MARRIED <input checked="" type="checkbox"/>	9. DATE OF BIRTH 7-17-1856	10. AGE (IN YRS. LAST BIRTHDAY) 69	IF UNDER 1 YR. MONTHS _____ DAYS _____	IF UNDER 24 H. HOURS _____ MIN _____
11. USUAL OCCUPATION (EVEN IF RETIRED) Plumber		12. SOCIAL SECURITY NUMBER _____		13. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania		14. CITIZEN OF WHAT COUNTRY _____	
15. FULL NAME OF SPOUSE _____				16. MOTHER'S MAIDEN NAME Charlotte Fry			
17. FATHER'S NAME William D. Fusselback				18. INFORMANT'S NAME AND ADDRESS Kate Edwards, 1226 Stiles St.			
19. A. BURIAL X		19. B. DATE 4-19-26		19. C. NAME OF CEMETERY OR CREMATORY American Mechanics		19. D. LOCATION (CITY, BORO., TWP. & COUNTY) (STATE) _____	
20. DATE REC'D BY REG. 4-16-26		21. REGISTRAR E.B. Lawrence		22. NAME AND ADDRESS OF FUNERAL DIRECTOR George Chandler, 1845 N. 12th St.			

Joan B. Anderson
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