

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

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a. b. c.

~~722~~

299 1034 203

1. PLACE OF DEATH
 County Jackson Registration District No. 299 File No. 1034
 Township Rain Primary Registration District No. 203 Registered No. 203
 City Bellevue (No. 2823 Indiana) St. Bellevue Ward 1

2. FULL NAME Labitha Jane Kusto
 (a) Residence No. 2823 Indiana St. Bellevue Ward 1
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. F. Kusto

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 - 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>0</u>	<u>18</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

10. NAME OF FATHER Oliver Morgan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa Ky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia M. Kusto

13. BIRTHPLACE OF MOTHER (CITY, OR TOWN) Ind
 (STATE OR COUNTRY)

14. INFORMANT Mrs B. Prime
 (Address) 3617 Pros -

15. FILED Jan 9, 1922 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1922

17. I HEREBY CERTIFY, That I attended deceased from 1.6.22 to 1.8.22, 1922, that I last saw h. aw alive on 1.8.22, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Thrombosis
99

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED a
 IF NOT AT PLACE OF DEATH.
19. DID AN OPERATION PRECEDE DEATH. 874 DATE OF 874
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Jas H. Hall, H. B.
Jan 9, 1922 (Address) 517 Altrman Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.) 1030

19. PLACE OF BURIAL - CREMATION, OR REMOVAL Mr Wark **DATE OF BURIAL** Jan 11 1922

20. UNDERTAKER Rose & Co **ADDRESS** 157 Jackson

N. B.—Every item of information should be carefully given. It is stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly recorded. Exact statement of OCCUPATION is very important.

WRITE PLAINLY

