

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

Do not use this space.

16550

**1. PLACE OF DEATH**

County Clay  
Township Whitney  
City Smithville (No. \_\_\_\_\_)

Registration District No. 203  
Primary Registration District No. 5281

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

**2. FULL NAME**

Lucy Ann Vesta Rusk

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF W. G. Rusk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-10-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
	77	3	2	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Bedford Co., Va.  
(STATE OR COUNTRY)

10. NAME OF FATHER Abner Howell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Poanoke, Va.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. F. E. Sigar  
(Address) Smithville, Mo.

15. FILED 6/9, 1928. E. C. Hill REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12-1928

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 12, 1928 that I last saw her alive on May 12, 1928, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) yrs. mos. ds. 7

CONTRIBUTOR (SECONDARY) 1010 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) E. C. Hill, M. D.

5-12, 1928 (Address) Smithville, Mo.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mt Olivet Cem., Clay Co., Mo. 5-13-1928

20. UNDERPAKER ADDRESS

Molton's Undert. Co. Smithville, 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.

UL B

1928

