

JAN 22 1929

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

Do not use this space.

39920

1. PLACE OF DEATH

County..... Clay Registration District No. 198
Township..... Fishing River Primary Registration District No. 3011
City..... Excelsior Springs (No.) St. (Ward)

File No.
Registered No. 133

2. FULL NAME..... Edgar Cusworth

(a) Residence. No. Maples Apartments St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 9, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 22

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Missouri.
(STATE OR COUNTRY)

10. NAME OF FATHER George Cusworth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scranton, Pennsylvania
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Campbell

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

14. INFORMANT Deceased
(Address)

15. FILED 12/31, 1928 J.H. Craven
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1928, to Dec. 31, 1928
that I last saw him alive on Dec. 31, 1928, and that death occurred, on the date stated above, at 7:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A
SI
unknown.
CONTRIBUTORY (SECONDARY)
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH..... Unknown
DID AN OPERATION PRECEDE DEATH..... No DATE OF
WAS THERE AN AUTOPSY?..... No
WHAT TEST CONFIRMED DIAGNOSIS Clinical & laboratory findings, positive sputum.
(Signed) H. B. LUSE, M.D. Med. Officer in charge
, 19 (Address) U.S.V.H. #99, Excelsior Springs, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. St. Mary's H.C. Mo DATE OF BURIAL 1-2 1929

20. UNDERTAKER Prather Undertaking Co. ADDRESS Exc. Springs

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.

