

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

Do not use this space.

10161

1. PLACE OF DEATH
 APR 24 1929
 City: Franklin
 Township: Franklin
 City: Franklin (No. 1) St. Franklin Ward 1

Registration Distri: No. 284
 Primary Registration Distri: No. 5404

File No.
 Registered No.

2. FULL NAME John Hustman Mary Hustman
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hustman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 44
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Rice
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known
 12. MAIDEN NAME OF MOTHER
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT John Hustman
 (Address)

15. FILED 4-9-29 J. A. Anderson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) march 24 1929
 17. not attended by physician
 I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... l. p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
not known
34

CONTRIBUTORY (SECONDARY) Syphilis (Coroner's id)
 (duration) yrs. mos. da.
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED.....
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) by J. A. C. P. Murrell Coroner, M. D.
31 24 1929 (Address) Kennett 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 Pine City cem - DATE OF BURIAL 3-25 1929

20. UNDERTAKER County & neighbor ADDRESS

