

SUN 25 1929

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

Do not use this space.

17792

1. PLACE OF DEATH

County Gentry
Township
City Albany (No.)

Registration District No. 309
Primary Registration District No. 4185

File No.
Registered No. 28
St. Ward)

2. FULL NAME

Samuel B. Hustie

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) McFall
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Abraham B. Hustie

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

12. MAIDEN NAME OF MOTHER Sarah Johnson

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

14. INFORMANT Mrs. Blanche Nassie
(Address) Albany Mo.

15. May 10 1929 W. T. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1929

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1929, to May 3, 1929, that I last saw him alive on May 13, 1929, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of prostate gland and bladder

(duration) 4 yrs. 4 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Prostate Gland trouble (duration) 4 yrs. 4 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED 44 518 516
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF 127

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. J. Gray MD.

May 7, 1929 (Address) Albany 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 Grandview DATE OF BURIAL May 5 1929

20. UNDERTAKER A. J. Bare ADDRESS Albany

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.

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