

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

Do not use this space.

23672

1. PLACE OF DEATH

County Worth Registration District No. 905-
Township Allen Primary Registration District No. 6216
City Denver (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Albino A. Cuskey
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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) April 4-1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 2 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER " "
11. BIRTHPLACE OF FATHER (CITY OR TOWN) " "
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT J. P. Bram
(Address) Denver, Mo.

15. FILED July 9, 1929 Mrs. Maye Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1929 to June 27, 1929 that I last saw h. alive on June 27, 1929 and that death occurred, on the date stated above, at 5:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

46B (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Exams
(Signed) Lump N. Long M. D.

, 19 (Address) Denver 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 Kent Cemetery DATE OF BURIAL 6-27-29

20. UNDERTAKER Bram Bros. ADDRESS Denver

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

9-19-29

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