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

Do not use this space.

34168

1. PLACE OF DEATH
County Jasper
Township
City Webb City (No. ..... St. ..... Ward)
Registration District No. 417
Primary Registration District No. 3021
File No.
Registered No. 147

2. FULL NAME William Robert Luster
(a) Residence. No. 307 N. Tom 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 30, 1840

7. AGE: YEARS 89 | MONTHS X | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Monitow County
(STATE OR COUNTRY): Missouri

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

14. INFORMANT: Willie Luster
(Address) 307 N. Tom St. Webb City Mo

15. FILED 10-28, 1929 R. M. Stonmont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 10-21, 1929, to 10-27, 1929, that I last saw him alive on 10-26, 1929, and that death occurred, on the date stated above, at 12.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epithelioma of Jaw
52 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 48 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
10/29, 1929 (Signed) B. A. Dumbauld, M. D.
(Address) Webb City 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: California, Mo
DATE OF BURIAL: 10/29 1929

20. UNDERTAKER: Webb City Und Co.
ADDRESS: Webb City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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