

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

Do not use this space.

37797

1. PLACE OF DEATH

County MARION
Township
City MARK STATION (No. MARK STATION)

Registration District No. 5748
Primary Registration District No. 5740

File No. _____
Registered No. 119
St. _____ Ward)

2. FULL NAME

HERMAN A. LUSSMEYER
(a) Residence. No. Quincy Ill. 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) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JULY 20, 1909

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>27</u>	<u>4</u>	<u>4</u>	<u>4</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. LABOR 213D
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) QUINCY
(STATE OR COUNTRY) ILL.

10. NAME OF FATHER CONRAD LUSSMEYER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hermann
(STATE OR COUNTRY) CONRAD LUSSMEYER

12. MAIDEN NAME OF MOTHER CONADINO SHANK

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

14. INFORMANT Mr. Conrad Lussmeyer
(Address) Quincy Ill.

15. FILED 11-26, 1929 Quincy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV. 24, 1929
17. 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 about 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrown into Fabous River when motor boat sank. Death due to accidental drowning.
(duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) James Donnell Coroner
11-26, 1929 (Address) Hannibal 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 Quincy Ill. DATE OF BURIAL 11-27, 1929

20. UNDERTAKER JAMES O'DONNELL ADDRESS HANNIBAL

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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