NOV 3 1930

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

Do not use this space.

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1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township — Primary Registration District No. 3038 — Registered No. 117
City Marshall, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Luther Bausily
(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
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) Aug 30, 1930

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

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

9. BIRTHPLACE (CITY OR TOWN) Saline Co. (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Laty Bausily
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline Co. (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Emma R. Graves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saline Co. (STATE OR COUNTRY) Mo.

14. INFORMANT Lacy Bausily (Address)

15. FILED 9-6, 1930 Mrs. John H. McGuire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1930 to Sept. 1st, 1930 that I last saw him alive on Aug 31, 1930, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Dont Know.

200 B

205 B

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Marshall, Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) W. H. Madison, M. D.
9/2, 1930 (Address) Marshall, 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: Rock Creek Cemetery — DATE OF BURIAL: Sept 2 1930

20. UNDERTAKER: R. Roffins — ADDRESS: Marshall Mo

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.