

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

Do not use this space.

40496-a

1. PLACE OF DEATH

County Wagoner Registration District No. 33
 Township Leadwood Primary Registration District No. 6024B
 City Leadwood, Mo.

File No. _____
 Registered No. N
 St. _____ Ward _____

2. FULL NAME

(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.

James A. Lusk

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 | — | — | — | —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) None
 (c) Name of employer _____

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

10. NAME OF FATHER Tom Lusk

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

12. MAIDEN NAME OF MOTHER Liza Jane Foster

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

14. INFORMANT Wm. Link
 (Address) Leadwood, Mo.

15. FILED 3/3 31 1930 W. E. DeLoach
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1930 to Dec 15 1930 that I last saw him alive on Dec 15 1930, and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (lobar)
1790
108

CONTRIBUTORY (SECONDARY) Phenolphoson
 (duration) yrs. mos. ds. 7

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Arnold Brunette, M. D.
 (Address) Leadwood, 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 Leadwood Cemetery DATE OF BURIAL Dec 17 1930

20. UNDERTAKER J. S. Boyer ADDRESS Leadwood, Mo.

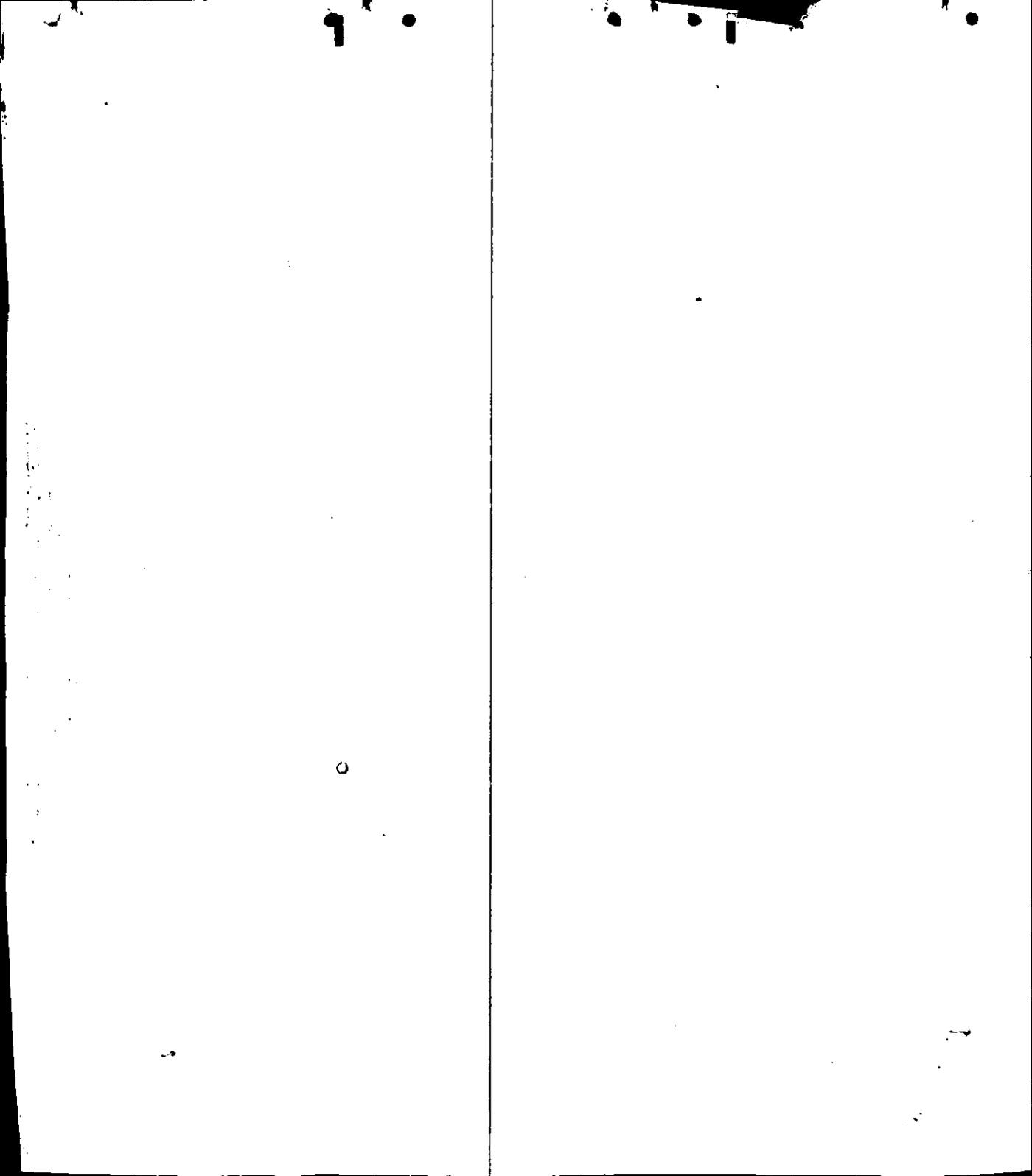
WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 21 1931

MAINTAIN RESERVED FOR BINDING

V. S. No. 2.



cated by check marks, lacking from the death certificate.
Name: James A. Luek (Link)

Who died at: St. Francisco Co. on Dec. 15, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Pneumonia, Lobar.

Contributory: Phenol Poison.
Unknown

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? No What test confirmed diagnosis? _____

Name of physician: Arnold Fraubetz

Address of physician: Leadwood, Mo.

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