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

Do not use this space.

11109

File No. .....

Registered No. 3

1. PLACE OF DEATH

County: Pike — Registration District No. 688

Township: Peno — Primary Registration District No. 5916

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Samuel Lust

(a) Residence. No. on Farm St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 25 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	5	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER John C. Lust

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

12. MAIDEN NAME OF MOTHER Fredreca R. Barth

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

14. INFORMANT Lizie Lust
(Address) Frankford Mo

15. FILED Apr 7. 1931. Mattie Unrell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to March 23, 1931, that I last saw him alive on March 4, 1931, and that death occurred, on the date stated above, at ..... a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

4/6

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

CONTRIBUTORY (SECONDARY) 4/6

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

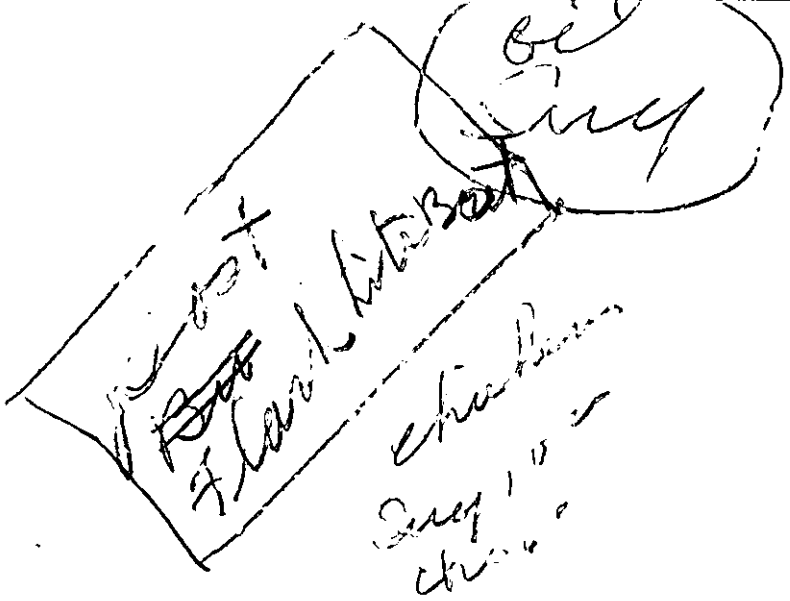
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O. W. Bradyman, M. D.

4/6, 1931 (Address) Frankford, 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	DATE OF BURIAL
Frankford Mo.	Mar. 25 1931
20. UNDERTAKER	**ADDRESS**
E. R. Fields	Frankford Mo.



Oil
Surg

Post
~~Bat~~
Flank Lite Boat

Chicken
Surg 1st
Chicken

(2)