

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

Do not use this space.

18198

1. PLACE OF DEATH

County.....Jackson..... Registration District No. 399
 Township.....Kaw..... Primary Registration District No. 1002
 City.....Kansas City (No. Research Hospital) St. KS Ward)

2. FULL NAME

James E. Dusher,

(a) Residence. No. 4142 Oak Street St. 7 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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Rose Dusher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	1	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Decorator

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

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

14.

INFORMANT Mrs Rose Dusher

(Address) 4142 Oak Street.

15.

FILED 5/25/31 M. M. Crowe
 REGISTRAR
asst.

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from May 17, 1931, to May 23, 1931, that I last saw him alive on May 23, 1931, and that death occurred, on the date stated above, at 8:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Symptomatic Leukemia
 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

Leukemia
 (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Research Hospital

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Biopsy

(Signed) Donald B. Smith, M. D.
125th 1931 (Address) 924 Pythecy

*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

Memorial Park

DATE OF BURIAL

May 25, 1931

20. UNDERTAKER*

R. V. Lindsey & Sons, Inc.

ADDRESS

City 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.

