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

Do not use this space.

40538

1. PLACE OF DEATH
County Dent Registration District No. 266
Township ~~Spring Creek~~ Primary Registration District No. 4164
City Salem (No. ..... St. ..... Ward)

File No. .....
Registered No. 71

2. FULL NAME Alive Alma Luster
(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.

FEB 20 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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) Dec 11-1931-
7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, 12 hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work — 1577 158
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Salem Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Alive Luster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Douglas Co. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Bertha Schofer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dent Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT Alive Luster
(Address) Salem Mo.
15. FILED 12/14 1931 W. E. Rudd, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 1931-
17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931, to Dec 12, 1931- that I last saw her alive on Dec 12, 1931, and that death occurred, on the date stated above, at 8 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction
1577 D
(duration) ..... yrs. ..... mos. 1½ ds.
CONTRIBUTORY (SECONDARY) Weakness of Infancy
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual Physical
(Signed) Jas. W. McCarty, M. D
, 19 (Address) Salem 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 Jadwin Cem.
DATE OF BURIAL 12/14 1931
20. UNDERTAKER None
ADDRESS —