

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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

Do not use this space.

12358

1. PLACE OF DEATH

42 County Henry
Township Big Creek
City Blairtown (No. _____)

Registration District No. 358
Primary Registration District No. 3503

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

John R. Lunsford

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Lola Lunsford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26-1882

7. AGE YEARS 49 MONTHS 3 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 169

10. Date deceased last worked at this occupation (month and year) two years ago 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Mo

13. NAME Marion Lunsford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Mo

15. MAIDEN NAME Bell Parsons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

17. INFORMANT (ADDRESS) Mrs Lola Lunsford Blairtown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Albany Mo DATE Apr 23-32

19. UNDERTAKER (ADDRESS) Sweeney-Cook, Chilhowee Mo

20. FILED 4/30 1932 E. G. Hibler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1929 to April 21, 1932

I last saw him alive on 21, 1932. Death is said

to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease Date of onset

23A

7

Other contributory causes of importance: measles

measles

measles

measles

measles

measles

measles

measles

measles

measles

measles

measles

measles

measles

measles

measles

measles

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measles

CAUTION: Every item of information furnished is strictly confidential and should be handled as such.

Excluded from automatic declassification

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry
Township Big Creek
City (No.)

Registration District No. 35-8
Primary Registration District No. 35-03

File No.
Registered No. 9
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 6/25, 1932 E. C. Hibler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from , to , 19

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lung Date of onset

2 lung abscesses

23

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. C. Hibler, M. D.

(Address)

S-123522