

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

Do not use this space.

17346

1. PLACE OF DEATH

96 County Shannon Registration District No. 790 File No.
 2 Township Central Primary Registration District No. 6033 Registered No.
 7 City Clayton (No. St. Louis County Hosp) St. Ward)

2. FULL NAME

(a) Residence, No. Atlanta Ga St. Ward. (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 2 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 Bessie H. Lusher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 210

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) Indiana 2

13. NAME Unknown Lusher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Bessie H. Lusher (ADDRESS) Atlanta Ga.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE May 5th 1932

19. UNDERTAKER C. R. Lupton & Sons (ADDRESS) 4449 Olive St

20. FILED May 5 1932 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1932

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

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at 6:50 a.m.

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

Automobile accident - auto overturned due to skidding on wet pavement while driving his own automobile on public highway. Date of onset 4/20/32

Other contributory causes of importance: Fractured left tibia acute dilatation of the stomach 201 4/20/32 5/4/32

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4/20 1932

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

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

Manner of injury Automobile accident

Nature of injury Fractured left tibia

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John B. Conner M. D. (Address) Former St. Louis County

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.

MAY 28 1932

