

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

Do not use this space.

24296

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 79E
Primary Registration District No. 1003
(No. COLLEGE HOSPITAL)

File No. 6413
Registered No. 6413
St. Ward)

2. FULL NAME

(a) Residence, No. 1037 Patton St. W Ward.

Length of residence in city or town where death occurred 28 yrs. 7 mos. 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Allen Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1st 1904</u>		
7. AGE <u>28</u> YEARS	MONTHS <u>10</u>	DAYS <u>06</u>
8. Trade, profession, or particular kind of work done, as printer, sawyer, bookkeeper, etc. <u>House wife</u>		IF LESS than 1 day, hrs. or min.
OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	11. Total time (years) spent in this occupation
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Henry Husking</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	<u>3</u>
MOTHER	15. MAIDEN NAME <u>Annabelle Hoover</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	<u>1</u>
17. INFORMANT <u>M. J. ...</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Andrews</u> DATE <u>July 12 1932</u>		
19. UNDERTAKER <u>A. W. ...</u> (ADDRESS) <u>11631A ...</u>		
20. FILED <u>July 12 1932</u> 19... Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1932

22. I HEREBY CERTIFY that I attended deceased from June 8 1932 to July 6 1932.
I last saw him alive on July 6 1932. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:
Diphtheria, faucial, nasal & laryngeal Date of onset 6-1
Acute toxic Myocarditis 6-8
Pleurisy 7-2

Other contributory causes of importance:
10 110B
93A

Name of operation None Date of ①
What test confirmed diagnosis? Robert Coates Culture Was there an autopsy?
23. If death was due to external causes (violence, fire, etc.) or to accident, suicide, or homicide, specify: No 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) John Eschenbrenner M. D.
(Address)

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.

FORM RESERVED FOR BINDING

