

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

Do not use this space. 2

9414

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 554  
City Sturgeon (No. 533) Huttig St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 108  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John A. Lunsford  
(a) Residence, No. 533 Huttig 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Madie Lunsford</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 25 - 1865</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>10</u>	DAYS <u>2</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Road Overseer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Jackson County Court</u> (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1933 to Mar. 27, 1933, that I last saw him alive on Mar. 26 - 33, 1933, and that death occurred, on the date stated above, at 3 a m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
IB Gastritis, following Spanish Influenza. (duration) yrs. mos. ds. 112

CONTRIBUTORY (SECONDARY) Overheated last June  
Arterioclerotic, (duration) 7 yrs. 6 mos. 10 ds.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**10. NAME OF FATHER**

(STATE OR COUNTRY)

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

(STATE OR COUNTRY)

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14.**

INFORMANT Madie Lunsford  
(Address) 533 Huttig

**15.**

FILED 3-29-33 W. C. Cook  
REGISTRAR

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH At home

DID AN OPERATION PRECEDE DEATH? no DATE OF no operat.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical.  
(Signed) n. m. Hutzler M. D.  
3/28/33 (Address) 10235 Independence Ave. Kansas City, 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 Oakland Cem DATE OF BURIAL Mar. 29, 1933

20. UNDERTAKER Casey Funeral Home Ind Mo ADDRESS \_\_\_\_\_

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 22 1933

