

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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH  
48 County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME David Christopher Slusher  
(a) Residence, No. 420 N. Spring St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 23028  
Registered No. 205  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rachel A Slusher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7, 1837</u>		
7. AGE YEARS <u>96</u>	MONTHS <u>3</u>	DAYS <u>6</u>
		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 162/9/1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
La Fayette Co Mo

13. NAME Roland Slusher 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Virginia 9

15. MAIDEN NAME Loctie Trigg Jennings

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

17. INFORMANT (ADDRESS)  
H S Garrett D D S, 420 N Spring

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Wash Cem DATE July 15, 1933

19. UNDERTAKER (ADDRESS)  
Att + Mitchell, Independence Mo

20. FILED July 18, 1933 J H Cook Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1933  
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to July 3, 1933  
I last saw him alive on July 11, 1933 Death is said to have occurred on the date stated above, at 4 a. m.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Phlebotomy  
Other contributory causes of importance:  
Security  
Date of onset 30

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) Loctie Trigg Jennings M. D.  
(Address) Independence

