

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

Do not use this space.

36117

1. PLACE OF DEATH

County Linn Registration District No. 283
Township 1 Primary Registration District No. 5402
City Keosauqua (No. 1) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 - 1933</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>10</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) <u>Sept 1933</u>
	11. Total time (years) spent in this occupation <u>1</u>

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

13. NAME
Bea A. Lusk

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

15. MOTHER'S NAME
Mrs. Neal

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

17. INFORMANT (ADDRESS)
Bea A. Lusk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keosauqua Mo DATE 11-8-33

19. UNDERTAKER (ADDRESS)
Carroll

20. FILED 11-7-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-33

I HEREBY CERTIFY, That I attended deceased from Nov 7 to 11-7-33

I last saw him alive on 11-6-33 Death is said

to have occurred on the date stated above, at 12:24 P.M.

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

Bronchopneumonia Date of onset _____

Other contributory causes of importance: 107A

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 _____

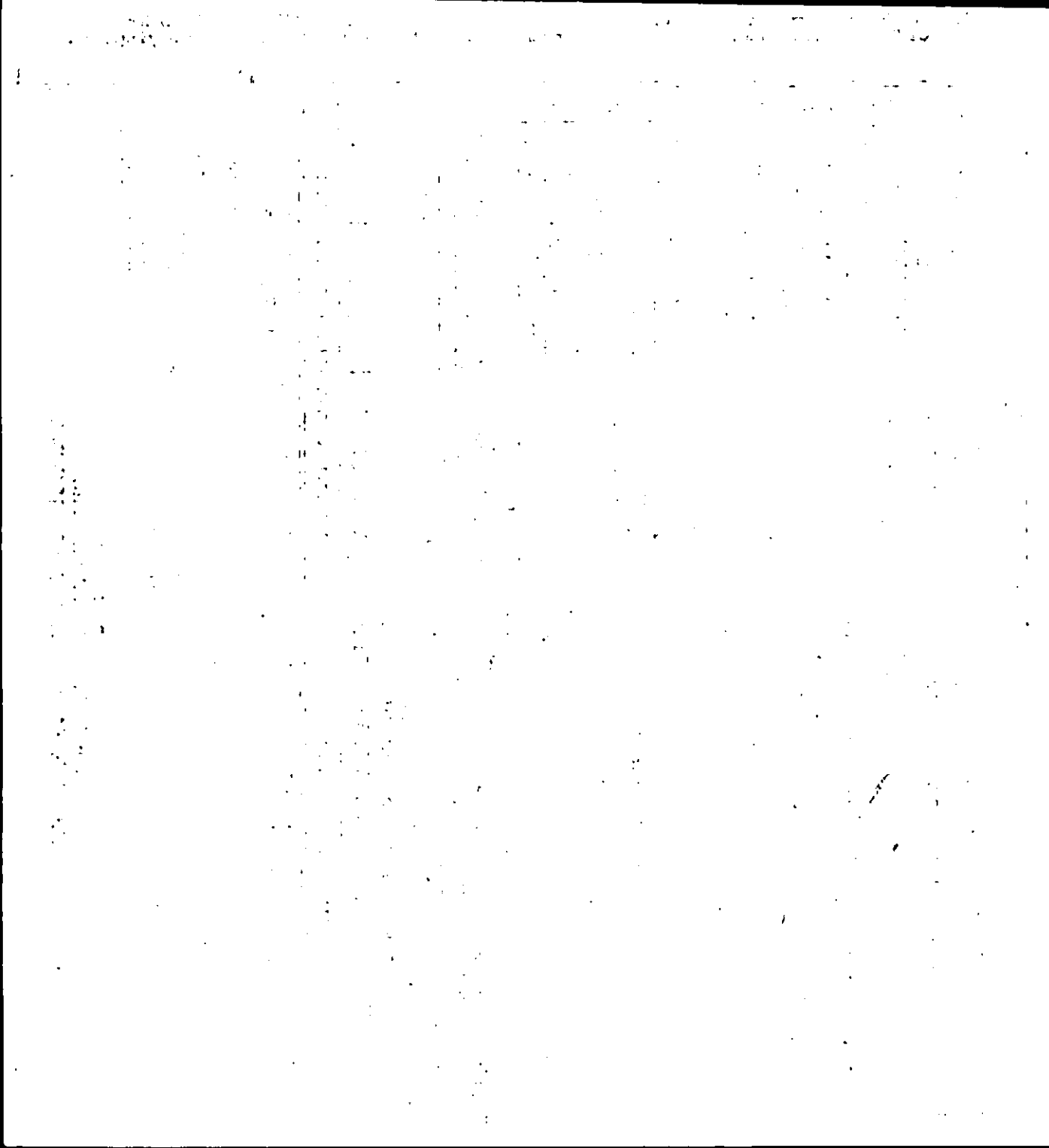
24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify _____

(Signed) D. J. Lusk M. D.

(Address) Keosauqua Mo

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.



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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

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

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.

OCCUPATION

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

19.

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

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Manner of injury.....

Nature of injury.....

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If so, specify.....

(Signed).....

, M. D.

(Address).....

Registrar

5-36117