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.

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

SEP 30 1934

Do not use this space.

29461

File No. 3878

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City KC Mo
Registration District No. 399
Primary Registration District No. 1002
(No. 3412 Agnes St. Ward)

2. FULL NAME Rudolph Leusch
(a) Residence, No. 3412 Agnes 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mame E Leusch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-23-1872

7. AGE YEARS 61 MONTHS 4 DAYS 26 If LESS than 1 day, ...hrs. or, ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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) Michigan City Ind

FATHER
13. NAME Carl Leusch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Augusta Schur
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Mame E Leusch 3412 Agnes

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Michigan City DATE Ind 8/20 1934

19. UNDERTAKER (ADDRESS) R V Lindsley KC Mo

20. FILED 8-18 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to Aug 18, 1934
I last saw him alive on Aug 11, 1934. Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Jan 5-34
Recurrent attack July 4	
94 B	
97	
102	

Other contributory causes of importance:
Hypertension with some arteriosclerosis — Few years

Name of operation None Date of
What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? yes

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? No
If so, specify —
(Signed) A. W. Davis, M. D.
(Address) 402 Wirthman Bldg.