

DEC 21 1934

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

Do not use this space.

41695

1. PLACE OF DEATH

County Taney  
Township Ledard Creek  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 861  
Primary Registration District No. 6134

File No. \_\_\_\_\_  
Registered No. 19  
St. \_\_\_\_\_

2. FULL NAME

Ira Franklin Pusinger

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28, 1923</u>		
7. AGE YEARS <u>11</u>	MONTHS <u>4</u>	DAYS <u>24</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation. <u>180</u>
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ledard Creek MO

13. NAME Frank Pusinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ledard Creek MO

15. MAIDEN NAME Edith Justus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baswell MO

17. INFORMANT Mrs. A. Pusinger  
(ADDRESS) Ledard Creek MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Table Cemetery 11-23 1934

19. UNDERTAKER Moran  
(ADDRESS) \_\_\_\_\_

20. FILED 11-22 1934 Irene Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 22, 1934 to Nov 22, 1934

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Burned in house  
Home caught fire at night while everyone was asleep. The smoke was so thick they couldn't get

Other contributory causes of importance: to the child who was crawling up stairs when they awoke. The house was completely destroyed.

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 Nov 22, 1934

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) J. K. Chepp, M. D.  
(Address) Bronson 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.

China Pavilion First 11th 1905