

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

Do not use this space.

SEP 26 1935

28444

1. PLACE OF DEATH

County Stoddard Registration District No. 838
Township Liberty Primary Registration District No. 4509
City Dexter (No. _____) St. _____ Ward _____

File No. 190
Registered No. _____

2. FULL NAME Cherrie Anne KRAK Lusk

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Dexter, Mo.

FATHER 13. NAME Dewey Lusk

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

MOTHER 15. MAIDEN NAME Laviee Baker

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

17. INFORMANT Mr. Sam Baker
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Cemetery DATE 8-11-35 19.

19. UNDERTAKER Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 9-10 1935 Alice L Norman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-35 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1935, to Aug. 10th 1935

I last saw him er alive on Aug. 9th 1935. Death is said to have occurred on the date stated above, at 12:00 Noon

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

Septic Sore Throat

Date of onset 7-20-35

Other contributory causes of importance _____

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? No.
If so, specify _____

(Signed) [Signature] M. D.

(Address) Dexter, Mo.

N. B.—Every item of informa- tion should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

