

D. L. Lusk 1936

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

Do not use this space.

38518

1. PLACE OF DEATH

County *Saline*
Township *mt Pleasant*
City *1* (No. *County*, *Infirmary*)

Registration District No. *50*
Primary Registration District No. *5074*

File No.
Registered No. *82* St. Ward

2. FULL NAME

(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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 11 1862*
7. AGE YEARS *73* MONTHS *3* DAYS *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
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) *Don't know*

13. NAME *Don't know*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

15. MAIDEN NAME *Don't know*

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

17. INFORMANT *Mrs. Gregg Supt of Home* (ADDRESS) *Littleton*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Wat. Hill* DATE *Dec 4* 1935

19. UNDERTAKER *Culver* (ADDRESS) *Butler Mo.*

20. FILED *Dec 4* 1935 *Mrs. L. Culver* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *December 4* 1935

22. I HEREBY CERTIFY That I attended deceased from *Feb* 1935 to *Nov* 1935

I last saw him alive on *Nov 10* 1935 Death is said

to have occurred on the date stated above, at m.

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

Prerebral hemorrhage Date of onset

Other contributory causes of importance *Chronic Pn. Influenza*

Name of operation *none* Date of

What test confirmed diagnosis? *Biopsy* 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

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. L. Lusk*, M. D.

(Address) *Butler Mo.*

