

OCT 15 1936

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

Do not use this space.

34655

1. PLACE OF DEATH

County Jackson
Township Haw
City A. C. Mo (No. 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. 4385
Registered No. 4385
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Armiting mo

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

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

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

March - 7 - 1932

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

4622

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)

mo

13. NAME

Ed Lusby

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

mo

15. MAIDEN NAME

Agg Anna Houston

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

mo

17. INFORMANT (ADDRESS)

Ed Lusby

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Glasgow, Mo

DATE

Sept 30 1936

19. UNDERTAKER (ADDRESS)

Foresters Funeral Home Kansas City Mo

20. FILED

9/30 36 M. M. Gibson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 193622. I HEREBY CERTIFY, That I attended deceased from September 8, 1936, to September 29, 1936I last saw her alive on September 29, 1936. Death is said to have occurred on the date stated above, at 5:15 p. m.

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

Encephalitis (non epidemic) (Cause unknown)

Date of onset

Sept 30

Terminal Bronchial Pneumonia

Other contributory causes of importance:

1070
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) Harvey D. Lugin, M. D.(Address) 816 Prof Bldg KC, 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.

RECORDED WITH UNFADING INK—THIS IS A PERMANENT RECORD

22-4522

Professors

Sullivan

1316