

DEC 28 1936

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

Do not use this space.

38483

1. PLACE OF DEATH

County Montana  
Township Franklin  
City (No. ....) (St. ....) (Ward)

Registration District No. 608  
Primary Registration District No. 6807

File No. ....  
Registered No. 36

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Lusk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30 1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS <u>8</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) .....	
	11. Total time (years) spent in this occupation .....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1936 to Oct 8, 1936

I last saw him alive on Oct 8, 1936 Death is said to have occurred on the date stated above, at 4 a m.

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

Chronic Nephritis Date of onset 7/8/36

Other contributory causes of importance

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

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) Clarence, M. D.

(Address) St. Louis, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Elmer Lusk</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>Margaret Dunagan</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	17. INFORMANT (ADDRESS) <u>Mr. J. P. Lusk</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Macedonia</u> DATE <u>Oct 9</u> , 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>L. A. Rogers' Son</u>	
20. FILED <u>Nov. 24</u> , 19 <u>36</u> <u>Ada Collins</u> Registrar.	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

