

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 13 1937

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

Do not use this space.

6327

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 5816 E., 13th) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Mrs. Dora May Cusick

(a) Residence, No. 5816 E., 13th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 37 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 1936 to Feb 6, 1937

I last saw him alive on Feb 5, 1937. Death is said to have occurred on the date stated above, at 7:20 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1877

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 10 8

Valvular Heart Disease Date of onset 1930

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) De Kalb County (STATE OR COUNTRY) Mo.

Other contributory causes of importance:
Sepsis - from abscess of foot
Jan 20, 1937

13. NAME "arren M. Cooley

Name of operation _____ Date of _____

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

What test confirmed diagnosis? Clinical Was there an autopsy? no

15. MAIDEN NAME Ordelia Darling

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Earl Wilson (ADDRESS) 4612 Chestnut

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash. DATE Feb. 8, 1937

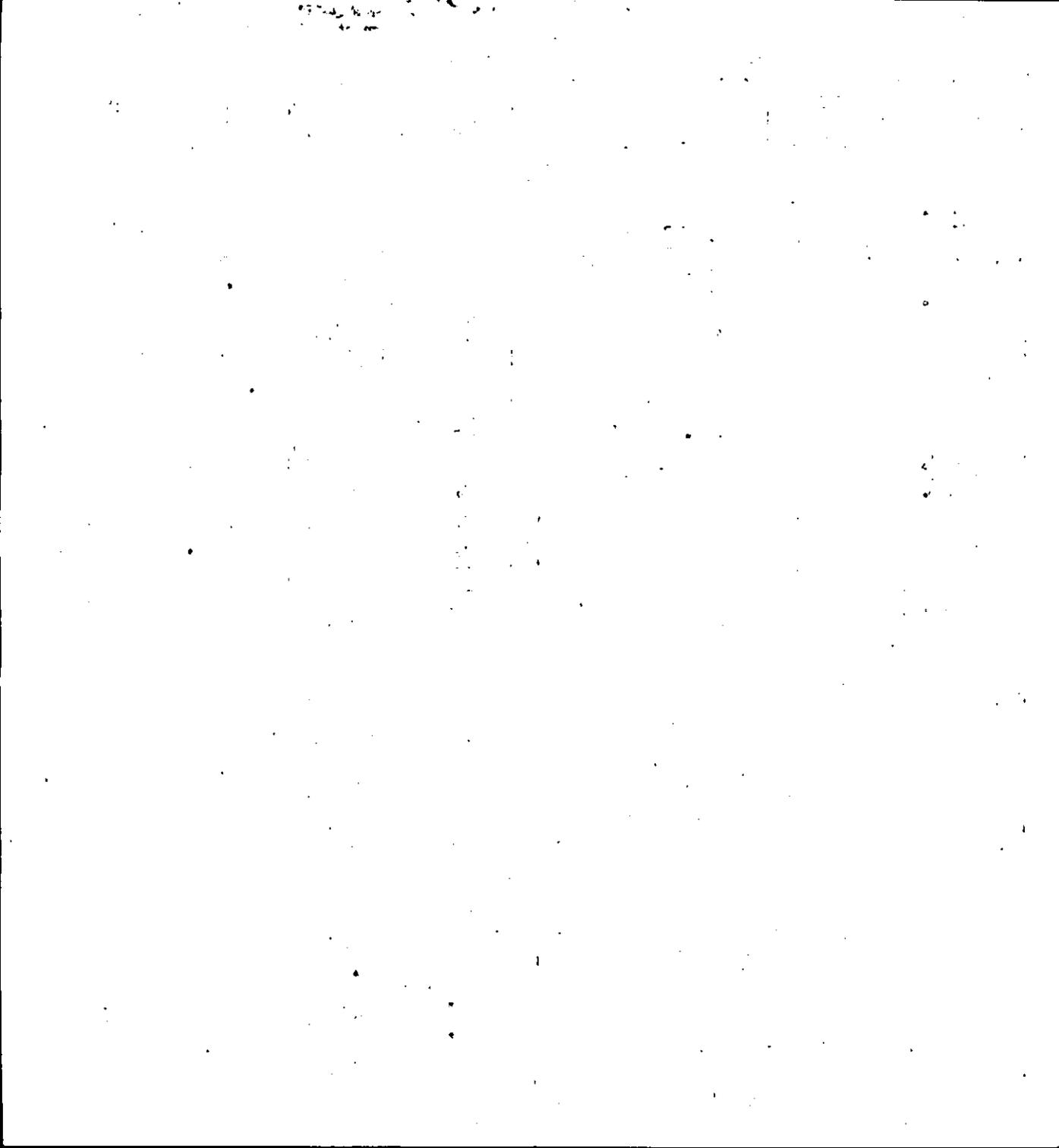
Nature of injury _____

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 7/8 1937 M. M. Brown Registrar.

If so, specify (Signed) J. B. Tucker M. D. (Address) Independence, Mo.



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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No., St. Ward)

File No. 714
Registered No.

2. FULL NAME

Mrs. Doris May Cusick
(a) Residence, No. 3916 E. 13th 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

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

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

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

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 2/8 1937 *J. M. Brown*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19

I last saw him alive on, 19, 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:

Valvular heart disease Date of onset

Other contributory causes of importance: *1948*
sepsis from abscess of foot
abrasion became infected

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? *accident* Date of injury *Jan 10, 1937*

Where did injury occur? *Home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *abrasion*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *J. M. Brown*, M. D.

(Address) *Independence 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.

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