

Dr. Whitaker

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

Do not use this space.

MAR 23 1937

1. PLACE OF DEATH

County Mississippi
Township East Prairie
City East Prairie (No. _____) St. _____ Ward _____

Registration District No. 377
Primary Registration District No. 4531

File No. 7301
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Leva Elliott Pusson

(a) Residence, No. East Prairie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to Feb. 21, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 - 1871

I last saw h. or alive on Feb. 20, 1937. Death is said to have occurred on the date stated above, at 5 a. m.

7. AGE YEARS 66 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

Carcinoma of Thyroid Gland
History given by family about 18 mos prior to first treatment.

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

Name of operation _____ Date of _____

13. NAME Joseph Elliott

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Mary Bradley

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

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

17. INFORMANT Gene Pusson (ADDRESS) East Prairie, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE P.O.F. DATE Feb. 23 1937

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Frank Shelly (ADDRESS) _____

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

20. FILED Feb 21 1937 Registrar Geo. W. Whitaker

(Signed) Geo. W. Whitaker, M. D. (Address) East Prairie 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.

