

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

Do not use this space.

**JUN 28 1937**

**21017**

1. PLACE OF DEATH  
 County Pike Registration District No. 689  
 Township Pike Primary Registration District No. 3033  
 City Louisiana (No. 100 1/2 Georgia) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Theodore Lusby  
 (a) Residence, No. 100 1/2 Georgia 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.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Kenney  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-17-72 ~~1874~~ ~~1872~~  
 7. AGE YEARS 64 MONTHS 9 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurseryman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nursery  
 10. Date deceased last worked at this occupation (month and year) 1-17-37  
 11. Total time (years) spent in this occupation 40 yrs  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo  
 13. NAME Theo Lusby  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo  
 15. MAIDEN NAME Ellen Ealum  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Mo  
 17. INFORMANT (ADDRESS) Mrs Lawrence Decker  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE 5/20 1937  
 19. UNDERTAKER (ADDRESS) J. H. Hays no  
 20. FILED 5/18 1937 J. H. Hays Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17 1937  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on during night of 5/17, 1937 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:  
Natural Causes probably result of flu  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 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? \_\_\_\_\_ 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) Partez Turpin CORNER  
 (Address) Bowling Green Mo N. B.

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.

OCCUPATION  
 FATHER  
 MOTHER

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