DEC 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cooper — Registration District No. 222 — File No. 1541078

Township Pilot Grove Mo — Primary Registration District No. ~~41-35-~~ 5303 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Hamilton Lusk

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Lulu Lusk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar I 1858

7. AGE: 79 YEARS — MONTHS: 8 — DAYS: 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Mar I 1935
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boliver Mo

FATHER

13. NAME: James B Lusk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

MOTHER

15. MAIDEN NAME: Johana Boyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

17. INFORMANT (ADDRESS): Mrs Lula ~~Hamilton~~ Lusk Pilot Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pilot Grove Mo DATE: Nov 17 1937

19. UNDERTAKER (ADDRESS): Hays-Stoecklein Co Pilot Grove Mo

20. FILED Nov. 17, 1937 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov., 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-3-, 1937, to 11-15-, 1937

I last saw him alive on 11-15, 1937. Death is said to have occurred on the date stated above, at 9:05 p.m.

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

	Date of onset
Pulmonary Embolism & Thrombosis	11-3-37

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Other contributory causes of importance:

Arterio-Sclerosis	?
Diabetes Mellitus	15 Yrs
Myocarditis	6 Ma

Name of operation ..... 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) J. O. Boley, M. D.

(Address) Pilot Grove, 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.