

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

19639
Do not use this space.

1. PLACE OF DEATH **REC'D JUN 17 1938**

(a) County **Saline** Registration District No. **796**
 (b) Township **Marshall** Primary Registration District No. **6039** Registered No. **81**
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William Perry Luse**

(a) Residence, **Marshall, Mo. Route # 6** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Lillie May Luse**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30th, 1857**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	9	9	24	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Minister**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
 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) **Ill.**

FATHER 13. NAME **Fleming P. Luse**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

MOTHER 15. MAIDEN NAME **Ruth Dickson**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT (ADDRESS) **Mrs Troy Slagle**
Marshall, Mo. Route # 6

18. BURIAL, CREMATION, OR REMOVAL PLACE **Shiloh Cem.** DATE **May 26**, 19**38**

19. FUNERAL DIRECTOR (ADDRESS) **Campbell-Lewis Funeral Home**
Marshall, Mo.

20. FILED **5-26-38** **Mary Kent** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 24 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 18 1938**, to **May 24 1938**.
 I last saw him alive on **May 24 1938**. Death is said to have occurred on the date stated above, at **11 P** m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
hypertension
 Date of onset **5/18/38**

Other contributory causes of importance: **g.i.t.**
Hypertension

Name of operation **Clinical** Date of
 What test confirmed diagnosis? **Clinical** 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**
 (Signed) **Dr. W. H. Hayes**, M. D.
 (Address) **Marshall Mo.**

Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I, RW Campbell Jr., Licensed Embalmer No. 3469

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed RW Campbell Jr.

Licensed Embalmer No. 3469

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)