

REC'D JUL 12 1938

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

Do not use this space.

20938

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rox Primary Registration District No. 11002
City Lansing City (No. St. Luke's Hospital)

File No. _____
Registered No. 2388
St. _____ Ward _____

2. FULL NAME

Robert Duster
(a) Residence, No. Hamilton Mo. 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 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 Nora Lee Duster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 2 22

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Caldwell Co Mo
(STATE OR COUNTRY)

13. NAME Chlander Duster

14. BIRTHPLACE (CITY OR TOWN) Caldwell Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Flora Bernsberger

16. BIRTHPLACE (CITY OR TOWN) Caldwell Co Mo
(STATE OR COUNTRY)

17. INFORMANT G. H. Duster
(ADDRESS) Hamilton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE June 15 1938

19. UNDERTAKER St. Luke's Hospital
(ADDRESS) Hamilton Mo.

20. FILED June 14 1938 M. N. Brown

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1938

I HEREBY CERTIFY, That I attended deceased from June 1 1938 to June 14 1938
last saw h. l. m. alive on June 14 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:

Cancer of Rectum
Kidney & metastases & liver. direct extension & venous emboli throughout these parts.
Other contributory causes of importance: None

Date of onset

Name of operation Exploratory Date of _____

What test confirmed diagnosis? _____ Was there an autopsy Yes

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? _____

If so, specify _____

(Signed) M. D. Soderberg, M. D.

(Address) 5017 W. Wendover

K. E. A. A.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

