

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.

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

Do not use this space.

RECD SEP 23 1938

28988

1. PLACE OF DEATH
41 County Harrison Registration District No. 341
Township Ridgeway Primary Registration District No. 1204
City Ridgeway (No) _____ St. _____ Ward _____
2. FULL NAME Robert Lee Nusner
(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1938

7. AGE YEARS MONTHS DAYS if LESS than 1 day, 3 hrs. or min. 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) (STATE OR COUNTRY) Ridgeway Mo

FATHER
13. NAME Lewis Nusner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silvanus City Mo

MOTHER
15. MAIDEN NAME Lucille Taggart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beitham Mo

17. INFORMANT Luiss Nusner (ADDRESS) Ridgeway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Beitham Mo DATE May 9 38

19. UNDERTAKER J. Pagan (ADDRESS) Ridgeway Mo

20. FILED 5-9- 19.38 Robert Lee Nusner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1938, to May 8, 1938
I last saw him alive on May 8, 1938. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Premature
Date of onset _____

Other contributory causes of importance: 104

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? _____
If so, specify _____
(Signed) Angel R. Dand. M. D. X
354 (Address) Beitham Mo

