

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

Do not use this space.

29965

1939 SEP 12 1939

1. PLACE OF DEATH

County Pike

Registration District No. 690

Township Hartford

Primary Registration District No. 5915

City.....

(No.....)

St.....

Ward.....

2. FULL NAME Lucinda Catherine Cluster

(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

16

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Talton K. Cluster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

83

6

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

At home

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)

Pike County Missouri

FATHER

13. NAME Daniel Goodman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Penn.

MOTHER

15. MAIDEN NAME Sarah Kilby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Penn.

17. INFORMANT (ADDRESS) Mrs. C. W. James Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE West Prairie DATE 8/18/39

19. UNDERTAKER (ADDRESS) Jones & Wells Middletown, Missouri

20. FILED Aug 17 1939 Mrs. Lysa Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 07, 1937, to Aug 15th, 1939?

I last saw him alive on Aug 12th, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Coronary Embolism

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? bed. 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) [Signature], M. D.
(Address) Middletown, Mo

N. B.—Every item of information should be carefully supplied. A correct statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

File Number 9-39-1023

Filed SEP 5 1958