

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

Do not use this space.

35728

DEC 22 1930

**1. PLACE OF DEATH**

County Dallas Registration District No. 246  
 Township Miller Primary Registration District No. 6-340  
 City Lead Mine (No. ....) St. .... Ward)

**2. FULL NAME**

J. H. Mustain  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Mustain</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 4 1881</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>8</u>	DAYS <u>10</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Dallas Tex  
 (STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Ferd Mustain</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Rambo</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas Tex</u>

14. INFORMANT Lucy Mustain  
 (Address) Lead Mine

15. FILED W E Garrison REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 11/14 1930, to 11/14 1930, that I last saw him alive on 11/14, 1930, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralysis  
1820  
 (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH .....  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) W E Garrison, M. D.  
 19 (Address) Louisberg W

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Phasant Ridges DATE OF BURIAL Nov 16 1930  
 20. UNDERTAKER L B Jones ADDRESS Buffalo

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.

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