

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.

1 PLACE OF DEATH
 County Lackawanna
 Civil Dist. First Registration District No. 4641 File No. 9348
 or Village Gainesburg Primary Registration District No. 24401 Registered No. _____
 or City _____ (No. _____ St.; _____ Ward)
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: Daniel Rubin Rusak

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** (Write the word) _____
6 DATE OF BIRTH Apr 29, 1921
 (Month) (Day) (Year)
7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Gainesburg

PARENTS

10 NAME OF FATHER Bole Busak

11 BIRTHPLACE OF FATHER (State or country) Lackawanna Co

12 MAIDEN NAME OF MOTHER Hippel Spurbach

13 BIRTHPLACE OF MOTHER (State or country) Lackawanna Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) _____
 (Address) _____

15
 Filed June 9, 1921 Mar. M. H. White
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 2, 1921
 (Month) (Day) (Year)

17 I HEREBY CERTIFY THAT I attended deceased from Apr 29, 1921, to May 2, 1921,
 that I last saw him alive on May 2, 1921,
 and that death occurred, on the date stated above, at _____ m.
 The CAUSE OF DEATH* was as follows:
Clean generally deformity

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory _____
 (secondary) _____
 (Signed) Lehart & Durma, M. D.
 _____, 191 _____ (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL _____ **DATE OF BURIAL** May 4, 1921

20 UNDERTAKER _____ **ADDRESS** _____