

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

Do not use this space.

20357

1. PLACE OF DEATH

County Franklin
Township Franklin
City Stanherry MO

Registration District No. 314
Primary Registration District No. 4190

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Jasper S. Luntsford (Luntsford)

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

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

Married

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

Effie Luntsford

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

Oct - 13 - 1881

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>46</u>	<u>7</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

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

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

Denise MO

10. NAME OF FATHER

Reuben T. Luntsford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

12. MAIDEN NAME OF MOTHER

Maggie Helms

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Denise MO

14.

INFORMANT (Address)

Mrs Maggie Luntsford
Stanherry MO

15.

JUL 9 - 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 3 1928

17.

I HEREBY CERTIFY That I attended deceased from May 5, 1928 to June 3, 1928 that I last saw living alive on June 3, 1928, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Recent Vascular Heart disease
92.1

CONTRIBUTORY (SECONDARY)

90.0

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) Jas. A. C. White, M. D.

*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

Franklin Cemetery
Stanherry MO

DATE OF BURIAL

6/6 1928

20. UNDERTAKER

Katox & Phillips
Stanherry MO

ADDRESS

Stanherry MO

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.

1928-32
1929-32
1930-32
1931-32
1932-32

Epoch