JAN 23 1929

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

Do not use this space.

40095

1. PLACE OF DEATH

County Dunklin — Registration District No. 284 — File No.

Township Feltrow — Primary Registration District No. 4168 — Registered No. 26

City Holcomb (No. ..... St. ..... Ward)

2. FULL NAME John Thomas Luckett

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ~~[illegible]~~ yrs. 66 mos. 11 ds. 17 How long in U.S., ~~if of foreign birth~~? yrs. 66 mos. 11 ds. 17

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary Luckett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-20-1862

7. AGE: Years 66 — Months 11 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Holcomb
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Mick Luckett
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bird
(STATE OR COUNTRY): County Tennessee
12. MAIDEN NAME OF MOTHER: Mary [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Pine
(STATE OR COUNTRY): County Tennessee

14. INFORMANT: Fred Luckett
(Address): Holcomb Mo

15. FILED 12-24, 1925 J B Steinmetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12, 23 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-15, 1928, to 12-23, 1928, that I last saw him alive on 12-23, 1928, and that death occurred, on the date stated above, at 7:00 a.m.

82A THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Apoplexy
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): 74A1
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: [illegible]
IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) S. T. Smith, M. D

12/23, 1928 (Address) Holcomb Mo

*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: Stanfield Cemetary — DATE OF BURIAL: 12-24 1928

20. UNDERTAKER: W. M. Hubbard — ADDRESS: Clarkton 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.