

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

Do not use this space.

1

1929  
5

**1. PLACE OF DEATH**

County Wair Registration District No. 2 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4004 Registered No. 22  
 City Waverly (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Luna E Healey

(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**

**MEDICAL CERTIFICATE OF DEATH**

**2. SEX** M. **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** \_\_\_\_\_ 19\_\_\_\_

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** L. E. Healey

**17. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_  
 \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 30 1851

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>77</u>		<u>2</u>	<u>28.</u>	

Influenza  
11 B  
 (duration) yrs. mos. ds.

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

**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_  
 (duration) yrs. mos. ds.

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

**18. WHERE WAS DISEASE CONTRACTED** 2  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

**10. NAME OF FATHER** John Brauner

Did an operation precede death? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** don't know

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) H. V. Garrison, M. D.  
Jan 29, 1929 (Address) Waverly Mo

**12. MAIDEN NAME OF MOTHER** don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** don't know

\*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.

**14. INFORMANT** Mrs Grace Brannaman  
 (Address) Kirkville Mo

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Waverly Cemetery **DATE OF BURIAL** Jan 29 1929

**15. FILED** 1/29 1929 JS Gashwiler  
 REGISTRAR

**20. UNDERTAKER** Lewis H. Gashwiler **ADDRESS** \_\_\_\_\_

235  
2  
31  
31





