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

Do not use this space.

5618

File No. .....

Registered No. 22

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH

County: Butler

Township: .....

City: Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME: Med Lorne Luttrell

(a) Residence. No. 830 Kingshighway 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: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 26 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	16	10	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): School

(c) Name of employer: .....

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

PARENTS

10. NAME OF FATHER: Lawrence Luttrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Poplar Bluff Mo.

12. MAIDEN NAME OF MOTHER: Florence Turley

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

14. INFORMANT: Lawrence Luttrell
(Address): Poplar Bluff

15. FILED 2/5, 1929 Dr B J Cline
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-4 1929.

17. I HEREBY CERTIFY, That I attended deceased from 2-3, 1929, to 2-4, 1929 that I last saw h... alive on 2-4, 1929, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Internal Hemorrhage as result of Automobile accident which happened one fourth mile north Poplar Bluff, Butler Co Mo.

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): NO

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 209

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J W M ....., M. D.

2-5, 1929 (Address) Poplar Bluff

*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: City —

DATE OF BURIAL: 2-6 1929

20. UNDERTAKER: Frank Neal Co

ADDRESS: Poplar Bluff 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.

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