

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

Do not use this space.

7285

1. PLACE OF DEATH

County Mississippi Registration District No. 566
 Township Long Prairie Primary Registration District No. 5764
 City (No. _____) St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 25 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 Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 10

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) (STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Mesimer Luter

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

12. MAIDEN NAME OF MOTHER Miss Chance

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

14. INFORMANT Dora Luter (Address) Bertrand Mo

15. FILED 19 _____ REGISTRAR acting

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1929

17. I HEREBY CERTIFY, That I died deceased from _____
Feb 5 1929, to Feb 5 1929,
 that I last saw him alive on Feb 5 1929, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) Asthma and Senility
 (duration) 1 yrs. 3 mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) W. E. Daugherty, M. D.
 , 19 (Address) Bertrand, 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 Acacia Cemetery DATE OF BURIAL 2/14 1929

20. UNDERTAKER The Fair Undert Co ADDRESS Charleston Mo

Bertrand, Mo

Feb 15, 1928

State Board of Health

Jefferson City Mo.

Dear Sirs:

James W Luter died at
Bertrand, Long Prairie,
township Mississippi
County, Missouri

Yours Truly,

Mrs Dora Luter

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Miss Registration District No. 2-66 File No.
 Township Lone Prairie Primary Registration District No. 2-764 Registered No.
 City (No.) St. Ward)

2. FULL NAME Jas Wilkinson Luttrell

(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) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23-1860

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
68 11 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Garmer
 (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) Tennessee

10. NAME OF FATHER Wilkinson Luttrell

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

12. MAIDEN NAME OF MOTHER Miss Chance

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

14. INFORMANT Dora Luttrell (Address) Bertrand, Mo

15. FILED April 10, 1929 F. S. Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5- 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 5- 1929, to Feb 5- 1929, and that I last saw him/her on Feb 5- 1929, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza

CONTRIBUTORY (SECONDARY) Asthma & Debility
 (duration) 1 yrs. 3 mos. 1 da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) W. G. Daugherty, M. D.
 , 19 (Address) Bertrand, 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 Armore Cemetery DATE OF BURIAL 2/7 1929

20. UNDERTAKER The Laid and Co ADDRESS Charleston Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW