

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

Do not use this space.

20977

1. PLACE OF DEATH

County Clay
Township Patton River
City Elect Springs (No. _____)

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. 76
St. _____ Ward)

2. FULL NAME

Magdalen M. Luttrell
(a) Residence. No. Caravan apt. St. 2, 3rd fl.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1877
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 11 0

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

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

10. NAME OF FATHER Conrad Wastle

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

12. MAIDEN NAME OF MOTHER Josephine Sadner

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

14. INFORMANT Charles H. Luttrell
(Address) Excelsior Spgs Mo

15. FILED 9/3 19 29 Y.D. Chover REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1929, to June 5, 1929, that I last saw her alive on June 4, 1929, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Infarction
Unable to pay doctor.
48 (duration) yrs. mos. ds.
CONTRIBUTORY Enlarged heart & aorta
(SECONDARY) 48 (duration) yrs. 6 mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. J. James M. D.
St. Spr. Mo 19 (Address)

*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 Moslem Crown Hill DATE OF BURIAL June 7 1929

20. UNDERTAKER John C. Prather ADDRESS Excelsior Spgs Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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