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

Do not use this space.

28710

1. PLACE OF DEATH

County St. Clair — Registration District No. 769 — File No.

Township Speedwell — Primary Registration District No. 6015 — Registered No. 8

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

2. FULL NAME Frank Luther

(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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept, 27-1920

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
8	10	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(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) St. Clair Co. Mo.

PARENTS

10. NAME OF FATHER Edward Luther
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Clair Co. Mo.
12. MAIDEN NAME OF MOTHER Zella V. Simmons
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Henry Co. Mo.

14. INFORMANT Edward L Luther
(Address) ElDorado Spgs. Mo

15. FILED 8-11-1929 J.W. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from ------, 19..., to ------, 19..., that I last saw h--- alive on ---------, 19..., and that death occurred, on the date stated above, at 1.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
No Physician in attendence. but was known to have Cretinoid Degeneration.

66 (duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

60B1

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? clinical history

(Signed) J.W. Dawson, M. D
8-11-, 1929 (Address) ElDorado Springs.

*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: Pleasant Grove Cem
DATE OF BURIAL: 8-12-1929

20. UNDERTAKER: Wagner Undertaking Co
ADDRESS: Harwood

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.

SEP 26 1929

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