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

Do not use this space.

39760

85

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No. 1440

Township Primary Registration District No. Registered No.

City St Joseph (No. 2709 Doniphan Ave. St. Ward)

2. FULL NAME Ida Villa Luton

(a) Residence. No. 2709 Doniphan Ave. St., Ward. Conway Iowa
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 29, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	2	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) North Carolina

PARENTS

10. NAME OF FATHER Lemuel Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Anna Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) North Carolina

14. INFORMANT Albert Luton
(Address) 2709 Doniphan Ave.-St Joseph

15. FILED DEC 18 1929, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1929, to Dec 18, 1929 that I last saw her alive on Dec 18, 1929, and that death occurred, on the date stated above, at 1/45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous Nephritis

121 (duration) 3 yrs. mos. ds.

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

1294

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

(Signed) J. F. Owens, M. D.

Dec. 18, 1929 (Address) Schneider Bldg.

*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	DATE OF BURIAL
Conway Iowa	Dec. 20 1929
20. UNDERTAKER W. O. Sidenfaden	ADDRESS 1802 Union St

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.

JAN 2 1930

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