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

Do not use this space. 805

Dr. Burke

FEB 30 1930

1. PLACE OF DEATH

County Greene Ward — Registration District No. 318 — File No. 91

Township — Primary Registration District No. 2001 — Registered No.

City Springfield, Mo. (No. Springfield Baptist Hospital St. Ward)

2. FULL NAME David B. Luebke

(a) Residence. No. 725 S Pickwick St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1929

7. AGE: Years 0 — Months 8 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Phoenix
(STATE OR COUNTRY) Arizona

PARENTS

10. NAME OF FATHER August K. Luebke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
12. MAIDEN NAME OF MOTHER Ada Brundlett.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT A. K. Luebke
(Address) Springfield, Mo.

15. FILED 2-1-, 1930 Lou Sharp REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1930, to Jan. 31, 1930 that I last saw him alive on Jan 30 - 1930, and that death occurred, on the date stated above, at 9:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lethargic encephalitis
17
93D
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Myocardial failure
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Spinal fluid

(Signed) W. H. Burke, M. D
1/31, 1930 (Address) 214 N. Jefferson Ave

*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: Maple Park — DATE OF BURIAL: Feb. 1 1930

20. UNDERTAKER: Alma Lohmeyer Funeral Home — ADDRESS: Springfield Missouri

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.