

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

Do not use this space.

19840

1. PLACE OF DEATH

County Jefferson
Township Plattin
City Plattin (No.)

Registration District No. 421
Primary Registration District No. 5576

File No.
Registered No. 29

2. FULL NAME

Thomas Luther

(a) Residence. No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 5 26

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)

Plattin Mo

10. NAME OF FATHER Salomon Luther

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

12. MAIDEN NAME OF MOTHER Margriet Luther

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

14. INFORMANT (Address) Edna Luther Plattin Mo

15. FILED 4/29/30 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-28 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-28 30 to 6-28 30, 1930, that I last saw him alive on 6-28 30, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Biliary Calculi
126
129
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute tonsillitis
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Ill
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physic
(Signed) Chas E. Fuller, M. D.
6/29/30 (Address) De Soto 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 DATE OF BURIAL
Plattin Cemetery 6/30/30

20. UNDERTAKER ADDRESS
Fink and Co Plattin Mo

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.

57
JUN 23 1930

