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.

APR 25 1931

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

Do not use this space.

11013

1. PLACE OF DEATH

County Perry — Registration District No. 660 — File No. 18

Township Antioch — Primary Registration District No. 5678 — Registered No.

City (No. St. Ward)

2. FULL NAME Benedict J. Lukefahr

(a) Residence. No. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Martha E. Lukefahr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 1878

7. AGE: 52 Years — Months: 8 — Days: 16 — If LESS than 1 day, ... hrs. or ..... min.

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) Perry Co. (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Henry Lukefahr

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

12. MAIDEN NAME OF MOTHER Elizabeth Mattingly

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

14. INFORMANT Martha E. Lukefahr (Address) Perryville Mo

15. FILED 3/18/31 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16- 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-14-31, 19..., to 3-16-31, 19..., that I last saw him alive on 3-16-31, 19..., and that death occurred, on the date stated above, at 3.50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Asthma

9 KB

11 B (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature] M.D.

3-16-, 1931 (Address) Perryville 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: Mount Hope Cem. — DATE OF BURIAL: 3-18 1931

20. UNDERTAKER: Zoellner & Young — ADDRESS: Perryville Mo