Dr. Wilbur

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

Do not use this space.

28057

File No.

Registered No. 635

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 200

City Springfield (No. Baptist Hospital St. Ward)

2. FULL NAME Hershel Luttrell

(a) Residence, No. Mountain Grove Mo 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.

SEP 22 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
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: Estery Luttrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 21 1895

7. AGE: Years 36 | Months 7 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Produce Dealer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Willow Springs Mo

FATHER

13. NAME: J. D. Luttrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Ellah Randall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): J. D. Luttrell Mt Grove

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mountain Grove DATE: Aug 31 1931

19. UNDERTAKER (ADDRESS): Alma Lohmeyer Funeral Home Springfield Mo

20. FILED 8-31 1931 Lou Vharp Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931, to Aug 31, 19..
I last saw him alive on Aug 31, 1931. Death is said to have occurred on the date stated above, at 12:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Pneumonia	Aug 29
121H	
1233	
121	

Other contributory causes of importance:
Gunshot perforating from right thigh upward

Name of operation: drainage - (Left thigh) Date of operation: Aug 29
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) William Smith, M. D.
(Address) Springfield, Mo.

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