

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.

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

Do not use this space.

30373

1. PLACE OF DEATH

County Warren
Township Warrenton
City Warrenton

Registration District No. 881
Primary Registration District No. 4584

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME

Tracy Luttman

(a) Residence, No. _____ St. _____ 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.

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 Caroline Sprich Luttman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1858

7. AGE YEARS 71 MONTHS 5 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ct. Employer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pumping water
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) Near Warrenton, Missouri

13. NAME Henry Luttman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Henriette Petersen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hugo Luttman Warrenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton City DATE 7/4/31 1931

19. UNDERTAKER (ADDRESS) F. W. Fisher Warrenton

20. FILED Aug. 5 1931 A. W. Whiting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1931

I HEREBY CERTIFY, That I attended deceased from June 26 1931, to Aug 1, 1931
First saw him alive on Aug 1, 1931. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Septicæmia
Septicæmia
Septicæmia
Septicæmia
Date of onset _____

Other contributory causes of importance:
Vascular disease

Name of operation Autopsy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? none
(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? _____
If so, specify _____

(Signed) B. H. Brandt, M. D.

(Address) Warrenton Mo.

