

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

Do not use this space.

5421

1. PLACE OF DEATH

65 County W. Mercer
Township Lindley
City (No.) St. Ward)

Registration District No. 559
Primary Registration District No. 5752

File No.
Registered No. 4

2. FULL NAME Albert Clinton Luper

(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 4 20

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) Harrison - Mo. - 1

10. NAME OF FATHER Willie Luper

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

12. MAIDEN NAME OF MOTHER Martha Ennis

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

14. INFORMANT Mrs. Jake Smith
(Address) 511 Maple, R.C. Mo

15. FILED 2/29 1932 B E Odex
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1932 to Feb 5, 1932 that I last saw him alive on Dec 10, 1931 and that death occurred, on the date stated above, at about 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Jude Carditer (duration) 2 yrs. mos. ds.
9/21/31
CONTRIBUTORY (SECONDARY) Enfluenza (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH..... Yes

DID AN OPERATION PRECEDE DEATH? no DATE OF 4 11

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) J. H. Wailer, M. D.

, 19 (Address) Louis City Iowa

*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 Hamilton DATE OF BURIAL Feb 7 1932

20. UNDERTAKER J P Henderson No 1755 ADDRESS Louis City Ia

WHITE 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.

MAR 24 1932

