

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

Do not use this space.

5582

**1. PLACE OF DEATH**

73 County Newton Registration District No. 114  
Township Washo Gravelly Primary Registration District No. 15816  
City (No) St. (No) Ward (No)

**2. FULL NAME**

M. Luther Fortner  
(a) Residence, No. (Usual place of abode) St. (No) Ward (No)  
(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 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 Blount, Ky  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1883  
7. AGE YEARS 48 MONTHS 5 DAYS (If LESS than 1 day, hrs. or min.)  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gambler  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 260  
10. Date deceased last worked at this occupation (month and year) (If none, write none) 11. Total time (years) spent in this occupation (If none, write none)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky. 2

13. NAME James Lee Fortner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria, Ky. 1

15. MAIDEN NAME Marie Daught

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah, Ky. 1

17. INFORMANT Mrs. Pearl Nordstrom (ADDRESS) Seneca, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca, Mo. DATE 2-19-1932

19. UNDERTAKER B. B. Buzzard (ADDRESS) Seneca, Mo.

20. FILED 2/19/32 1932 ONE Paducah Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-1932

22. I HEREBY CERTIFY, That I attended deceased from (If nonresident, give city or town and State) (No) (No) (No), 1932, to 2-16, 1932  
I last saw h. VM alive on 2-16, 1932. Death is said to have occurred on the date stated above, at 8:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Liverosis of liver  
124A  
75B / 2/4 A  
Date of onset About 1928  
Other contributory causes of importance: Chronic alcoholism

Name of operation (None) Date of (None)  
What test confirmed diagnosis? (None) Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? (None) Date of injury (None), 19(None)  
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 (None)  
Nature of injury (None)

24. Was disease or injury in any way related to occupation of deceased? (None)  
If so, specify (None)  
(Signed) B. E. Mans, M. D.  
(Address) Seneca, 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.

MAR 24 1932

