

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

Do not use this space.

25147

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

1. PLACE OF DEATH
 109 County Texas Registration District No. 8626
 1 Township Bardine Primary Registration District No. 635
 6 City Cabool (No. 4521) St. _____ Ward _____

2. FULL NAME James Radolph Luke
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 13 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

MEDICAL CERTIFICATE OF DEATH

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 Leona Luke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Proprietor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 109

10. Date deceased last worked at this occupation (month and year) June 1932 11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.

FATHER 13. NAME Henry Luke
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Minnie Blair
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.

17. INFORMANT Mrs. Henry Luke
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool Cemetery DATE July 21 1932

19. UNDERTAKER Gaylord V. Elliott
 (ADDRESS) Cabool Mo

20. FILED July 21 1932 G. H. W. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 25 1932 to July 20 1932
 I last saw him alive on July 20 1932. Death is said to have occurred on the date stated above, at 7:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Abscess
1140
 Other contributory causes of importance:
g Ⓛ

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) J. D. Carver M. D.
 (Address) Cabool Mo

N. B. - Every item of information should be carefully supplied. A copy of this certificate is sent to the State Board of Health. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUL 21 1932

ALIA 2002
ALIA 2002

ALIA 2002

JAN 20 1964
FBI - NEW YORK

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Texas Registration District No. 862 File No. _____
 Township _____ Primary Registration District No. 4521 Registered No. 8
 City Cabool (No. _____) St. _____ Ward _____

2. FULL NAME James Rudolph Luke

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Primary abscess
No J.B.
11413

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

13. NAME

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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.

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

19. SIGNATURE G. V. Etholt DATE _____ 19____
 (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

20. FILED July 23 1932 A. U. Dowe
 Registrar.

(Signed) J. O. Cavalez, M. D.
 (Address) Cabool

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

25147