

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

Do not use this space.

26661

1. PLACE OF DEATH -
 57 County Linn Registration District No. 491
 7 Township Bradford Primary Registration District No. 4298
 2 City Prosser (No. _____) St. _____ Ward _____
 2. FULL NAME Samuel P. Luck
 (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.

File No. _____
 Registered No. 64
 St. _____ Ward _____

AUG 25 1932

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 Sarah E. Luck
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 - 1853
 7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
79 3 0
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer. Ray Co
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo
 10. NAME OF FATHER John Luck
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Don't Know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT R. E. Luck
 (Address)
 15. FILED 8-27-32 W. P. Smith
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 - 1932
 17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1929, to Aug 1, 1932, that I last saw him alive on Aug 1, 1932, and that death occurred, on the date stated above, at Prosser, Mo. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
 18. WHERE WAS DISEASE CONTRACTED Ray, Mo
 IF NOT AT PLACE OF DEATH _____
 CONTRIBUTORY (SECONDARY) 131 (duration) 2 yrs. 5 mos. _____ ds.
 19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physicial
 (Signed) E. A. Allie, M. D.
 , 19 _____ (Address) Ray, Mo.
 *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 City Cemetery DATE OF BURIAL Aug 2 1932
 20. UNDERTAKER Timper Bros ADDRESS Prosser Mo.

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.

22

