

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

Do not use this space.

13946

1. PLACE OF DEATH

66 County Miller Registration District No. 564
Township Juni Henry Primary Registration District No. 3359
City Camp Home (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Camp Home 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>P. H. Jamney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4 6 11 26</u>		
7. AGE <u>46</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>May's Home, Miller Co. Mo.</u>		
13. NAME <u>Henry Luckenbough</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage Co. Mo.</u>		
15. MAIDEN NAME <u>Mrs. Elizabeth Luckenb.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co. Mo.</u>		
17. INFORMANT <u>P. H. Jamney</u> (ADDRESS) <u>Camp Home Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Miller's Home</u> DATE <u>3-4-33</u>		
19. UNDERTAKER <u>Steffens Co.</u> (ADDRESS) <u>Camp Home Mo.</u>		
20. FILED <u>3-1-1933</u> <u>P. H. Jamney</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1933

22. I HEREBY CERTIFY That I attended deceased from Aug, 1932 to April, 1933
I last saw him alive on April, 1933. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinomatosis
(1) Bowels
(2) Uterus
(3) Stomach

Other contributory causes of importance:
Tuberculosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Amnioc. 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? No
If so, specify _____
(Signed) Leona A. Taylor, M. D.
(Address) Jefferson City, 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.

MAY 22 1933

