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

Do not use this space.

27012

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Marion — Primary Registration District No. 1 Bora — Registered No. 250

City Hannibal (No. Levering Hospital St. Ward)

2. FULL NAME Luther W. North

(a) Residence, No. 1605 Ill St. 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: 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: Susie Ann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 7th, 1877

7. AGE: Years 56 — Months — Days 15 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonville Ill.

FATHER

13. NAME: Chas H. North
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER

15. MAIDEN NAME: Mallisa Vanwage
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Susie Ann North, 1605 Ill. St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Aug. 24th 1933

19. UNDERTAKER (ADDRESS): James O'Donnell, Hannibal Mo

20. FILED Aug 26, 1933 R H Tobias Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1933, to Aug 2, 19..

I last saw h.... alive on ..... 19.... Death is said to have occurred on the date stated above, at 5:40 p.m.

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

Acute Dilatation — Date of onset

93 D Heart

93 D 93 D

Other contributory causes of importance:

Myocarditis

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. J. Farrell, M. D.

(Address) Hannibal Mo

N.B.—Every item of information should be filled in. Exact statement of OCCUPATION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

SEP 26 1933

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