

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

Do not use this space.

**30136**

**1. PLACE OF DEATH**

County Lawrence Registration District No. 961  
 Township Hotberg Primary Registration District No. 5633  
 City (No. ) St. Ward

**2. FULL NAME**

Robert Luade  
 (a) Residence, No. St. Ward. Hotberg Mo  
 (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) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma James  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-29-1848  
 7. AGE YEARS 85 MONTHS 1 DAYS 5 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation an life

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Frisvatt DATE 9-7 1933

19. UNDERTAKER (ADDRESS) Wessel  
Pleasant City Mo

20. FILED 9-7 1933 Wm. L. W. Registrar.

**① MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1933 to Sept 4 1933

I last saw him alive on March 4 1933 Death is said

to have occurred on the date stated above, at.....m.

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

Sexuality  
1620  
 Other contributory causes of importance:

Date of onset not known

23. 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? no

If so, specify

(Signed) J. M. S. Smith, M. D.

(Address) 121 West Pleasant

Hotberg 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 20 1933

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