

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

Do not use this space.

1960-A

Mar 24 1934

1. PLACE OF DEATH

72 County Madison Registration District No. 55
 2 Township Freedom Primary Registration District No. 4023
 6 City Freedom (No.) St. Ward)

File No. 10
 Registered No. 1015

2. FULL NAME Rebecca Lutes

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 11 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Deceased
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Sidon
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Lester Lutes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Leola Deavenport

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin
 (STATE OR COUNTRY) Mo

14. INFORMANT Leola Deavenport
 (Address) Freedom Mo

15. FILE Mar 10, 1934 M.V. - Munn
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1934
 17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933 to Jan 4, 1934
 that I last saw her alive on Dec 31, 1933 and that death occurred, on the date stated above, at a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Measles
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? no
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Chessee
 (Signed) R. B. Green M. D.
 , 19 (Address) Freedom 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 Int. Burial DATE OF BURIAL Jan 5 1934

20. UNDERTAKER Andrew Johnson ADDRESS Sidon Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

