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

Do not use this space.

File No. 8502

Registered No.

1. PLACE OF DEATH

County: Franklin — Registration District No. 294

Township: — Primary Registration District No. 4180

City: Union (No. , St. Ward)

2. FULL NAME Gertrude Agnes Luebbert

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1923

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
10	11	25	

OCCUPATION

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

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) Union, Missouri.

FATHER

13. NAME Joe Luebbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Maries County Missouri.

MOTHER

15. MAIDEN NAME Linda Catherine Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Maries County Missouri.

17. INFORMANT (ADDRESS) Mrs. Joe Luebbert Union, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Immaculate Conception
PLACE Union, Mo. DATE March 3 1934

19. UNDERTAKER (ADDRESS) Wm H. Horn Union Missouri.

20. FILED 3/5 1934 John R Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/19 1933, to 3/1 1934

I last saw her alive on Mar 1 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

	Date of onset
Tuberculosis of lungs	
23A	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) L R Marshall, M. D.

(Address) Union 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.