

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.

JUN 19 1934

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

Do not use this space.

17021

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township East Primary Registration District No. 1002
 City K. C. Mo. (No. 2506 East 28th) St. Ward
 Registered No. 2390

2. FULL NAME Mary M. Luffler
 (a) Residence, No. 2506-E-28th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-23-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 7

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

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) Missouri

13. NAME Patrick Clarkson

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

15. MAIDEN NAME Mary Elliott

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

17. INFORMANT (ADDRESS) Robert C. Luffler
2506-E-28th

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE 5-1- 1934

19. UNDERTAKER (ADDRESS) Mrs. L. L. Forster
218 Broadway, W.

20. FILED 5-31-1934 M. Luffler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-30-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1934 to May 30 1934
 I last saw her alive on May 30 1934. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
131
92.55
Arterial Hypertension
108
 Other contributory causes of importance:
Ch. Val. Heart Disease
Chronic interstitial nephritis

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) F. B. Wallace, M. D.
 (Address) 703 Calhoun Bldg.

703 Kathron.

Ha 7051

12³⁰ - 5 pm -