

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

Do not use this space.

36507

NOV 15 1934

1. PLACE OF DEATH

County Lafayette

Registration District No. 460

Township Davis

Primary Registration District No. 4274

City Higginsville (No. _____)

File No. _____

Registered No. 14

St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **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 Maud Mead Luehrs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	46	11-	24	

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

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) Caucerdis (STATE OR COUNTRY) MO

13. NAME Fy. Luehrs

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

15. MAIDEN NAME Paula Sessler

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

17. INFORMANT Mrs Maud Luehrs (ADDRESS) Higginsville, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE 10-14-34

19. UNDERTAKER Hayes + Meinschagen (ADDRESS) Higginsville, MO.

20. FILED Oct 13 19 34 H. B. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1934 to Oct 13 1934.
I last saw him alive on Oct 13 1934. Death is said to have occurred on the date stated above, at 9p. m.
The principal cause of death and related causes of importance were as follows:

Intestinal influenza
106B
92

Date of onset Oct 9 1934

Other contributory causes of importance:
Chronic Myocarditis - About May 1934
Chronic Bronchitis - 2 yrs
Repeated epistaxis - regular for the case
Name of operation _____
What test confirmed diagnosis? Physical findings 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) H. B. Miller M. D.
(Address) Higginsville, MO.

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.

1948 JUL 17