

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

Do not use this space.

40124

1. PLACE OF DEATH

County Montgomery Registration District No. 596
Township Bear River Primary Registration District No. 5787B
City (No. _____) St. _____ Ward _____

2. FULL NAME Floyd Martin Hugh Lueck

(a) Residence, No. _____, 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 9 28

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) Bear River, Ind.
(STATE OR COUNTRY) Montgomery Co, Ind.

13. NAME H. A. Ruff

14. BIRTHPLACE (CITY OR TOWN) Walton Co
(STATE OR COUNTRY) Ind.

15. MAIDEN NAME Alma Winter

16. BIRTHPLACE (CITY OR TOWN) Lincoln Co
(STATE OR COUNTRY) Ind.

17. INFORMANT H. A. Lueck
(ADDRESS) Belleflower, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walton, Ind. DATE Nov 26th 1934

19. UNDERTAKER R. W. River
(ADDRESS) Belleflower, Mo

20. FILED 11/26, 1934 R. W. River
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934, to Nov 25, 1934
I last saw h. i. m. alive on Nov 25, 1934 Death is said to have occurred on the date stated above, at 3 A. m.

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

Food Poisoning from eating pork
Vomiting, purging, collapse - absorption of toxins -
Extremely high temp 107° lead
Other contributory causes of importance:
Its cardiac decompensation
marked involvement of nervous system

Date of onset
Nov 29
Nov 24

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) Dr. A. H. Van Arsdale, M. D.
(Address) Belleflower, 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.

