AUG 18 1936

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

Do not use this space.

26026

1. PLACE OF DEATH
County Cole
Township Orage
City St. Thomas (No. ..... St. ..... Ward)
Registration District No. 1158
Primary Registration District No. 5296A
File No. .....
Registered No. .....

2. FULL NAME John Luckenotto
(a) Residence, No. St. Thomas Mo St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 yrs. 4 mos. 8 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Luckenotto
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20th 1874
7. AGE YEARS 61 MONTHS 4 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) St. Thomas Mo

FATHER
13. NAME Henry Luckenotto
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Bop
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Mo

17. INFORMANT (ADDRESS) Feolix Luckenotto
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Thomas Cemetery DATE July 14th 1936
19. UNDERTAKER (ADDRESS) Louis Buschort St. Thomas Mo
20. FILED July 15th 1936 Dr. Hy. C. Werner By F. A. Luckenotto Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July the 12th 1936
22. I HEREBY CERTIFY That I attended deceased from March 28th 1936, to July the 12th 1936
I last saw him alive on July the 10th 1936. Death is said to have occurred on the date stated above, at 1.30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

94 N

Other contributory causes of importance:
Cirrhosis of the Liver
+ Arteria Sclerosis

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

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? .....
If so, specify .....
(Signed) Henry C. Werner, M. D.
(Address) St. Thomas Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.