

DEC 30 1936

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

Do not use this space.

42281

1. PLACE OF DEATH

County Ray co  
Township Richman  
City Richman (No. 744  
30.35)

Registration District No. 744  
Primary Registration District No. 30.35

File No. 128  
Registered No. 128  
St. Richman Ward 128

2. FULL NAME

Luther A. Proffitt

(a) Residence, No. St. Ward. Richman  
(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. (If nonresident, give city or town and State)

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 J. Proffitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1859

7. AGE YEARS 77 MONTHS 5 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ray co

13. NAME William Proffitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray co

15. MAIDEN NAME Margaret Priest

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray co

17. INFORMANT (ADDRESS) L. A. Proffitt  
Richman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elliot Cemetery DATE Nov 27, 1936

19. UNDERTAKER (ADDRESS) C. M. J. J. J.  
Richman, Mo.

20. FILED 12-10 19 36 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 19 36, to Nov 15, 19 36.  
I last saw him alive on Oct 15, 19 36. Death is said to have occurred on the date stated above, at 12:05 m.

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

Cosmopolitan thrombosis

Date of onset

Other contributory causes of importance

Name of operation Autopsy Date of Autopsy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury Nov 26, 1936

Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) L. A. Proffitt, M. D.

(Address) Richman, Mo.

