

JAN 10 1937

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

Do not use this space.

791

43297

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. on Route City, No. on #2)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

*Halter Samuel Luederdale*

(a) Residence, No.....

*1604 Biddle*

St.....

*25*

Ward.....

(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

*col*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*married*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

*Emma Luederdale*

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

*Sept 15, 1896*

7. AGE

YEARS  
*40*

MONTHS

*2*

DAYS

*13*

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

*Laborer*

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)

*arkansas*

FATHER 13. NAME

*Unknown*

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

*"*

MOTHER 15. MAIDEN NAME

*Unknown*

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

*"*

17. INFORMANT (ADDRESS)

*Emma Luederdale 1604 Biddle, St*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Father Dickson* DATE *Dec, 3* 1936

19. UNDERTAKER (ADDRESS)

*English Und. Co 2931 Lucas, Ave*

20. FILED

*DEC 2 1936*

*JT Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*Nov 26, 1936*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....

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

*Chronic Degenerative Myocarditis Perfunctory Arteriosclerosis, the nephritis*

Other contributory causes of importance:

*131*

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? *Yes*

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).....

(Address).....

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.

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