

FEB 16 1937

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

Do not use this space.

457

1. PLACE OF DEATH

County Cape Registration District No. 125 File No. _____
Township _____ Primary Registration District No. 3009 Registered No. 14
City Cape Girardeau Mo. (No. St. James Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Lepine Mo.
(Usual place of abode) Lepine Mo (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Luebbers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5 - 1876</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>9</u>
		DAYS
		<u>13</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Ballinger Co. Mo.</u>		
FATHER	13. NAME <u>Theodore Luebbers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Kathryn Whitber</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lepine Mo.</u>	
17. INFORMANT <u>G. B. Stroder</u> (ADDRESS) <u>Lepine Mo</u>		
18. BURIAL, CREATION, OR REMOVAL PLACE <u>Lepine Mo</u> DATE <u>Jan 20 1937</u>		
19. UNDERTAKER <u>Lloyd P. Morgan</u> (ADDRESS) <u>Lepine Mo.</u>		
20. FILED <u>1-18 1937</u> <u>G. B. Stroder</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937, to Jan 18, 1937.
I last saw him alive on Jan 9, 1937. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Labor Pneumonia Date of onset 1-14-37

Other contributory causes of importance:
10

Name of operation _____ Date of _____
What test confirmed diagnosis? Spec. X-ray 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? _____
If so, specify _____
(Signed) Geo. B. Stroder, M. D.
(Address) Cape Girardeau 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.

WHITE PAPER WITH WRITING INK—THIS IS A PERMANENT RECORD

