

APR 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 13050
Registered No. F
St. _____ Ward _____

1. PLACE OF DEATH
County Polk Registration District No. 700
Township Jackson Primary Registration District No. 5929
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Marshall Lewis Luton
(a) Residence, No. _____ St. _____ 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 M	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1936		
7. AGE YEARS 1	MONTHS	DAYS 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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) Springfield, Mo.		
13. NAME Robert Luton		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas		
15. MAIDEN NAME Pattie Alice Leath		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Mo.		
17. INFANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE Eudora Cemetery DATE Mar. 3, 1937		
19. UNDERTAKER (ADDRESS) Brien Funeral Home Walnut Grove, Mo.		
20. FILED Mar 9, 1937 Yvna Miller Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1937 to March 2, 1937
I last saw him alive on Feb 26, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Bachymeringitis -
Date of onset 1 year

Other contributory causes of importance: Subrain fever -

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? no 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) J. B. Smith, M. D.
(Address) Walnut Grove, 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.

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