

MAY 19 1937

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

Do not use this space.

16079  
43

1. PLACE OF DEATH

County Clay  
Township Liberty  
City Liberty (No.         )

Registration District No. 201  
Primary Registration District No. 5280

File No.           
Registered No.           
St.          Ward         

2. FULL NAME

George W Luntzford  
(a) Residence, No. Madison Ward. Mo  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bulah Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1891

7. AGE YEARS 46 MONTHS 0 DAYS 1 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. foreman in CCC Camp  
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) recently 11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County Missouri

FATHER 13. NAME Gabriel Alex Luntzford

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

MOTHER 15. MAIDEN NAME Maggie Limerick

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

17. INFORMANT (ADDRESS) Newman D. Wall

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch, Randolph Co., Mo. DATE April 16, 1937

19. UNDERTAKER (ADDRESS) Fred A. Thompson  
Madison, Mo.

20. FILED April 14, 1937 E. J. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        .

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:  
by rock island train striking him about 2 miles East of Washburn, Mo. in Big Pilot number 2400. Legs below knee dislocated and broken feet.

Other contributory causes of importance:         

Name of operation no op 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? Accident Date of injury 4-14-37 1937

Where did injury occur? on clay county, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.         

Manner of injury Dislocated legs  
Nature of injury by being struck by train

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify         

(Signed) M. J. Nursing M. D.  
(Address) Liberty, Clay County, Mo.

MAR 15 1949