74 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County Nodaway
Township Clyde
City Clyde
Registration District No. 620
Primary Registration District No. 4371
File No. 24444
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME Mary Catherine Luke
(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 F
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 37
7. AGE YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, ✓ hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Nodaway Co. Mo

FATHER
13. NAME Frank Luke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Nodaway~~ Sac Co Iowa

MOTHER
15. MAIDEN NAME Regina Elizabeth Abels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Mo

17. INFORMANT (ADDRESS) Frank Luke Clyde Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Conception Mo DATE June 12 1937
19. UNDERTAKER (ADDRESS) O K Proctor Conception Mo
20. FILED June 12 1937 Mabel Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 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 ..... m.
The principal cause of death and related causes of importance were as follows:
Stillborn
Date of onset
Other contributory causes of importance: ✓
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? — 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) S. E. Simpson M. D.
(Address) Stanberry 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD