

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

Do not use this space.

**1. PLACE OF DEATH**

County JACKSON  
 Township.....  
 City INDEPENDENCE

Registration District No. 398  
 Primary Registration District No. 3819  
 (No. INDEPENDENCE SANITARIUM & HOSPITAL)

File No. 2982  
 Registered No. 24  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** JOHN LUFF

(a) Residence, No. 730 N. LIBERTY St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AMELIA LUFF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 11, 1850

7. AGE YEARS 87 MONTHS 0 DAYS 7 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CABINET MAKER & CARPENTER  
 10. Date deceased last worked at this occupation (month and year) 5 1/2 YEARS 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) TORONTO, ONT. (STATE OR COUNTRY) CANADA

MOTHER 13. NAME JOHN LUFF

14. BIRTHPLACE (CITY OR TOWN) NO RECORD (STATE OR COUNTRY)

15. MAIDEN NAME ANN GARBUT

16. BIRTHPLACE (CITY OR TOWN) NO RECORD (STATE OR COUNTRY)

17. INFORMANT JOHN W. LUFF (ADDRESS) 1503 W. SHORT, INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUND GROVE DATE JAN. 20, 1938

19. UNDERTAKER STAHL FUNERAL HOME (ADDRESS) 815 W. MAPLE AVE, INDEP. MO.

20. FILED 1-20-38 H. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/12/38 19... to 1/18/38 19...

I last saw him alive on 1/18/38 19... Death is said to have occurred on the date stated above, at 9:15 A.M.

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

Pulmonary Oedema Date of onset 1/18  
Acute Hemorrhagic Nephritis  
Anuria

Other contributory causes of importance:

Old age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical & Lab. 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? Yes  
 If so, specify \_\_\_\_\_

(Signed) H. L. Cook, M. D.  
 (Address) Independence

130

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PERCIL.

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

2982  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3019 Registered No. \_\_\_\_\_  
 (c) City Independence (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 6 7

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as 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)

FATHER  
 13. NAME

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

MOTHER  
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED March 16 1937 R. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 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:

Pulmonary Oedema  
acute venous congestion  
emphysema  
chronic (Hemiparesis)  
NMO  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
old age

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? \_\_\_\_\_

If so, specify \_\_\_\_\_  
 (Signed) W. E. Messenger, M. D.  
 (Address) Independence, Mo.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AND RETURNED

1938  
5-2982