

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

Do not use this space.

27

1. PLACE OF DEATH

County Scotland Registration District No. 810 File No. 4279
 Township Jefferson Primary Registration District No. 4488 Registered No. 6
 City Memphis St. _____ Ward _____

2. FULL NAME

Daniel B Luther 360

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luiza J Luther
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1863
 7. AGE YEARS 74 MONTHS 8 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ritured Farmer
 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) Penn

FATHER 13. NAME Jesse Luther

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

MOTHER 15. MAIDEN NAME Mary Igo

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

17. INFORMANT Mrs Luiza J Luther
 (ADDRESS) Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE North Baker DATE Jul 6 1938

19. UNDERTAKER Gertho Bachtel
 (ADDRESS) Memphis Mo

20. FILED FEB 9 - 1938
C. B. Gossett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Friday 4, 1938, to Friday 4, 1938.

I last saw him alive on Friday 4, 1938. Death is said to have occurred on the date stated above, at L.P. m.

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

Apoplexy
High Blood Pressure
 Date of onset _____

Other contributory causes of importance:
High Blood Pressure

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 No

(Signed) James Mitchell, M. D.
 (Address) Memphis

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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH