

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGO JUN 20 1938

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

Do not use this space.

19702

1. PLACE OF DEATH

County Shelby Registration District No. 831
Township North River Primary Registration District No. 6093
City (No. _____) St. _____ Ward _____

2. FULL NAME

Charles Augustus Luckenbaugh
(s) 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Ann Luckenbaugh

22. I HEREBY CERTIFY, That I attended deceased from May 7 1938, to May 10 1938
I saw him/her alive on May 7 1938. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-22-1843

to have occurred on the date stated above, at 5 A. M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
94 5 18

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

Chronic Myocarditis Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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

Other contributory causes of importance:

Epilepsy
Permeable Anemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmira Mo.

13. NAME Christopher Luckenbaugh

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Ann Robison

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Ben Brown
(ADDRESS) Ender, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Church DATE May 11 1938

Nature of injury _____

19. UNDERTAKER E. P. Thompson
(ADDRESS) Shelbyville, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED May 10, 1938 Pearl Lee
Registrar.

(Signed) W. O. P. Fletcher M. D.
(Address) Ender, Mo.

