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.

REC'D SEP 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Miller — Registration District No. 565 — File No. 29491
Township Glaize — Primary Registration District No. 5761a — Registered No. 6
City Brumley (No. ..... St. ..... Ward)

2. FULL NAME William Albert Luttrell 364

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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: Arizona Luttrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24 1875

7. AGE: YEARS 63 (~~186~~) — MONTHS 4 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — (Blind)
10. Date deceased last worked at this occupation (month and year): None
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co. Mo 0

FATHER
13. NAME: Hamen Ellen Luttrell 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 1

MOTHER
15. MAIDEN NAME: Elizabeth Floyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): James Henry Luttrell

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Union — Near Brumley, Mo DATE: Aug 22, 1938

19. UNDERTAKER (ADDRESS): None Home made Casket

20. FILED: 8/22, 1938 — C R Hawkins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to Aug. 21, 1938
I last saw him alive on Aug. 21, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	8-17-38
Chronic Myocarditis	1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Myron D Jones, M. D.
(Address) Brumley, Mo