

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.

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

REC'D JUN 8 1939

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
77 County Clark Registration District No. 1079
Township Stone Creek Primary Registration District No. 6274
City Gainesville, MO (No. _____) St. _____ Ward _____
2. FULL NAME 500 Alexander Huffman Luna
(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.

File No. 19398

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 4 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) Some years 11. Total time (years) spent in this occupation. all
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
13. NAME Elisha Luna
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Ediza Gray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
17. INFORMANT Zach Luna
(ADDRESS) Manassah, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Patrick Cemetery DATE May 24 1939
19. UNDERTAKER S. O. M. O. Burial Assn.
(ADDRESS) Gainesville Mo.
20. FILED _____ 19 _____ Registrar. 583

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____
22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to May 23, 1939
I last saw him alive on May 19, 1939. Death is said to have occurred on the date stated above, at 8:45 a. m.
The principal cause of death and related causes of importance were as follows:
Brain Angina Pectoris Arterio Sclerosis
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? None
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) P. E. Bushong, M. D.
(Address) Gainesville Mo.

WWW.COURTREPORTERS.COM THIS IS A PERMANENT RECORD

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

19398^x
Do not use this space.

1. PLACE OF DEATH

(a) County Maury Registration District No. 10 29
(b) Township Five Creek Primary Registration District No. 6 2 7 4
(c) City _____ (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 Alexander Huffman Luna

(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) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1855

7. AGE YEARS 84 MONTHS 4 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc. farming
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.

13. NAME Elisha Luna

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

15. MAIDEN NAME Elena Gray

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

17. INFORMANT (ADDRESS) Jack Gray
2 Marshall 740

18. BURIAL, CREMATION, OR REMOVAL PLACE Gabriell Cem DATE 5-24, 1939

19. FUNERAL DIRECTOR (ADDRESS) Some Burial
Gainsville Mo

20. FILED July 3, 1939 C. A. Amyx
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to May 23, 1939.
I last saw him alive May 19, 1939. Death is said to have occurred on the date stated above, at 8 45 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic
Arteriosclerotic
Date of onset _____
Other contributory causes of importance: Arteriosclerotic

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) P. E. Bushong, M. D.
(Address) Gainsville 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

