

CERTIFICATE OF DEATH M10

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
 COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 7651
 REG. DIST. NO. 6

FILED MAR 12 1940
 Low 260 Etta Luker

1. FULL NAME (FIRST MIDDLE LAST) 2. DATE OF DEATH (MONTH DAY YEAR)
 Etta Luker Mar 8 1940

3. PLACE OF DEATH: Portagevill (Rural) CIVIL DISTRICT 0
 B) CITY OR TOWN Portagevill rural
 (IF OUTSIDE CITY LIMITS, WRITE RURAL) ✓
 C) NAME OF HOSPITAL _____
 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. LEGAL RESIDENCE: Portagevill A) STATE Mo.
 B) COUNTY Pennest CIVIL DISTRICT _____
 C) CITY OR TOWN Portagevill (Rural)
 (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. _____
 E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.

5. RACE OR COLOR white 6. SEX female 7. SINGLE, MARRIED, WIDOWED, DIVORCED widow
 8. AGE 57 ✓ YEARS 7 MONTHS 12 DAYS IF LESS THAN ONE DAY HRS. _____ MINS. _____

MEDICAL CERTIFICATION
 20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar 2 1940 TO Mar 3 1940
 AND THAT I LAST SAW HER ALIVE ON 3/2 1940
 AND THAT DEATH OCCURRED ON THE DATE STATED AT 11 P.M.
 IMMEDIATE CAUSE OF DEATH: _____

9. DATE OF BIRTH: MONTH July DAY 20 YEAR 1883
 10. PLACE OF BIRTH: CITY OR COUNTY Gleason Tenn. STATE OR COUNTRY _____
 11. HUSBAND James Franklin Luker OR WIFE OF _____
 AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

DURATION _____
Pernicious Malaria

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____
 NAME OF WAR _____

DUE TO: _____

13. USUAL OCCUPATION House wife

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____

14. INDUSTRY OR BUSINESS _____

OPERATION? FINDINGS _____

FATHER 15. FULL NAME John Lomax
 BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn.

AUTOPSY? FINDINGS _____

MOTHER 16. MAIDEN NAME Mary Poole
 BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn.

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

17. INFORMANT S.F. Luker

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
 B) DATE OF OCCURRENCE _____

ADDRESS Portagevill Mo. RR#2

C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE
 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

18. BURIAL, REMOVAL OR CREMATION _____ DATE _____ 19____
 CEMETERY _____ PLACE _____

WHILE AT WORK _____ MEANS OF INJURY _____

19. UNDERTAKER White and Ramon

SIGNATURE H. J. Kelley M.D.
 ADDRESS Portagevill Mo DATE SIGNED 3/4/40

ADDRESS Union City Tenn 5

DATE FILED Mar 6 1940 Mary W. Cook REGISTRAR

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DATE _____ NUMBER _____

RECEIVED

District Health Office

District File Number

Date Filed

34
3/11

REGULATIONS FOR FILING DEATH CERTIFICATES (SEC. 5862, CODE OF 1932)

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR OBTAINING AND FILING THE COMPLETED DEATH CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE UNDERTAKER PREPARES THE PERSONAL AND STATISTICAL PARTICULARS OF THE CERTIFICATE. THE SIGNATURE OF THE INFORMANT IS REQUIRED.

THE SIGNATURE AND ADDRESS OF THE UNDERTAKER IS REQUIRED.

THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE PREPARED AND SIGNED BY THE PHYSICIAN LAST IN ATTENDANCE. THE PHYSICIAN CANNOT AUTHORIZE OTHER PERSONS TO SIGN FOR HIM.

WHERE DEATH OCCURS WITHOUT MEDICAL ATTENDANCE, THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE SIGNED BY THE HEALTH OFFICER OF THE COUNTY WHERE DEATH OCCURRED.

CAUSE OF DEATH IS TO BE STATED, AND THE CERTIFICATE SIGNED BY THE CORONER WHERE INQUESTS ARE HELD.

ALL ITEMS SHOULD BE COMPLETE. INSERT "UNKNOWN" WHERE DEFINITE INFORMATION CANNOT BE OBTAINED.

ADDITIONAL INFORMATION BY PHYSICIAN.

No. 28
-2-21-40
I X22659

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 765-1
Registrar's No. 6

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 7404

Primary Registration District No. 3867

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Etta Lauer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased July 20 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>7</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Mar. 6 1940 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month Mar day 3
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature H. T. O'Kelley (M. D. or other) _____
Address Portageville _____

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

