

DEC 30 1936

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

Do not use this space.

42281

1. PLACE OF DEATH

County

Township

City

Ray co
Rehmann
Rehmann

Registration District No.

Primary Registration District No.

(No.

744
3035

File No.

Registered No.

St.

Ward)

128

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

Luther A. Proffitt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

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

Mary J. Proffitt

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

June 26, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

5

0

OCCUPATION

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.

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)

Ray co

FATHER

13. NAME

William Proffitt

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

Ray co

MOTHER

15. MAIDEN NAME

Margaret Priest

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

Ray co

17. INFORMANT (ADDRESS)

L. A. Proffitt
Rehmann, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elliot Cemetery DATE Nov 27, 1936

19. UNDERTAKER (ADDRESS)

C. M. Joiner
Rehmann, Mo.

20. FILED

12-10 1936

E. E. Day

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 30, 1936, to Nov 15, 1936

I last saw him alive on

Oct 15, 1936

Death is said

to have occurred on the date stated above, at 12:05 p.m.

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

Cerebral thrombosis

Date of onset

Other contributory causes of importance

AKB

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

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)

L. A. Proffitt
Rehmann Mo

M. D.

(Address)

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.

