

thing except signatures.

THE DIVISION OF HEALTH OF MISSOURI  
Bureau of Vital Statistics

DELAYED OR SPECIAL  
CERTIFICATE OF BIRTH

No. 454328

Print Full Name at birth Luther Harold Nauman Date of birth April 19, 1884  
(Month) (Day) (Year)

Color or race White Sex Male Birthplace Craig Holt County Missouri  
(City or Town) (County) (State)

Father: name John William Nauman Birthplace Virginia  
(State or Country)

Mother: name Mary Irene David Birthplace Missouri  
(State or Country)

AFFIDAVIT: I hereby declare upon oath that the above statements are true. (To be signed by registrant, if possible.)

Signature Luther Harold Nauman Relationship to registrant \_\_\_\_\_

Address Mound City, Missouri Subscribed and sworn to before me on January 19, 1957

Notary Public Pauline Dawson For State of Missouri County of Holt

My commission expires MY COMMISSION EXPIRES DECEMBER 6, 1957, 19 \_\_\_\_\_

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ABSTRACT OF SUPPORTING EVIDENCE

Do Not Write Below This Line

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)

Date Original Document Was Made

1	<u>Physicians Life and Casualty Co. St. Louis Mo.</u>	<u>6-9-48</u>
2	<u>Child's Birth Certificate # 26123 Mo Health Dep.</u>	<u>6-5-22</u>
3	<u>Affidavit of J.W. Carlton friend. Policy # 2224431 Lone Poplar Camp # 4574 Taylor Mo.</u>	<u>1-19-57</u>
4	<u>Modern Woodmen of America</u>	<u>7-26-15</u>

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT

BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
1 <u>Apr. 19 1884</u>			
2 <u>38 yrs.</u>	<u>Mo.</u>		
3 <u>Apr. 19 1884</u>	<u>Craig, Mo.</u>		
4 <u>31 yrs.</u>			

REVIEWER'S STATEMENT AND SIGNATURE

I hereby certify that I have reviewed the evidence submitted in support of the above affidavit and that the preceding abstract is taken from this evidence.

FILED in the Division of Health,  
Jefferson City, Missouri, on

JAN 24 1957

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

(Do not accept if rephotographed, or if seal impression cannot be felt.)

STATE OF MISSOURI  
CITY OF JEFFERSON

ss.

I HEREBY CERTIFY that the above is an exact photostatic reproduction of the certificate for

the person named therein as it now appears in the permanent records of the Department of Public Health and Welfare of Missouri.  
Witness my hand as State Registrar of Vital Statistics and the Seal of the Division of Health of said Department this date of

Jan. 24, 1957

Clyde A. Bridger

State Registrar of Vital Statistics

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