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

Do not use this space.

18206
2307

1. PLACE OF DEATH
County Jackson — Registration District No. 599 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 327 North Indiana St. Ward)

2. FULL NAME Lorenzo Luce
(a) Residence. No. 327 N. Indiana St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Hayes Luce

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 17, 1849

7. AGE: Years 77 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Trunk Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass.

PARENTS
10. NAME OF FATHER: Leonard Luce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mass.
12. MAIDEN NAME OF MOTHER: Emily Look
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mass.

14. INFORMANT: Milton H. Luce
(Address) 327 N. Indiana

15. FILED 6/4, 1927 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1927 to June 3, 1927 that I last saw him alive on June 3, 1927, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
941
[illegible] (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual Physical
(Signed) John L. Robinson, M. D.
6-3, 1927 (Address) 510 Altman Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill Pantheon — DATE OF BURIAL: 6-6 1927

20. UNDERTAKER: D. H. Newcomer's Sons — ADDRESS: K C 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.

510 "Altman" Bldg.
Vic 4060
12-5.

Dr Jno L. Robinson