

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

Do not use this space.

9334

1160

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Kansas City No. 3512 Highland St. _____ Ward _____
 Registered No. 1067

2. FULL NAME Mr. J. Marsden Luce
 (a) Residence No. 3512 Highland St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. mos. _____ da. How long in U.S., if of foreign birth? yrs. mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widow
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 - 1830

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
97 6 20

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

9. BIRTHPLACE (CITY OR TOWN) Randolph New York
 (STATE OR COUNTRY)

10. NAME OF FATHER Robert Luce

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Philomela Segar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Corn.
 (STATE OR COUNTRY)

14. INFORMANT Miss Cora Luce
 (Address) 3512 Highland

15. FILED 3/9 2PM M. M. Corrine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Thursday March 8, 1928

17. I HEREBY CERTIFY That I attended deceased from _____, 1927, to _____, 1928, and that I last saw _____ alive on _____, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Decubitus Ulcer
6 P.
6 mo 20 da.
 CONTRIBUTORY Epilepsy and senility
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Keeton's Spec
 (Signed) Joseph H. Keeton M. D.
3/9 1928 (Address) 2018 Bright Blk

*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 Ottawa Kansas DATE OF BURIAL 3-9-1928

20. UNDERTAKER Eylar Funeral Home ADDRESS 1800 Linwood

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.

