

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

Do not use this space.

9741

1. PLACE OF DEATH

County Mason

Registration District No. 527

File No. _____

Township _____

Primary Registration District No. 4313

Registered No. 9

City Brown Mo (No. _____)

St. _____ Ward _____

2. FULL NAME

Hiram Lucas

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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 (write the word)

widowed

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

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

May 7 - 1841

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
85	9	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Louisville

(STATE OR COUNTRY)

Kentucky

10. NAME OF FATHER

Nathaniel Lucas

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Margaret Fitzgerald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Louisiana

14.

INFORMANT

(Address)

Jos Lucas
Callas, Mo

15.

FILED

3/25 28 Ted Peake

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3 24 - 28

17.

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____, 19____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy 8 2 11
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

S. K.

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. Adams D. Crane, M. D.

, 19 (Address) Mason Mo

*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

DATE OF BURIAL

East Oakwood

3/25 1928

20. UNDERTAKER

ADDRESS

W. Edwards Brown 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.

1928

