

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

Do not use this space.

39333

**1. PLACE OF DEATH**

County Berry Registration District No. 30  
 Township Lapps Creek Primary Registration District No. 7042  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 6

**2. FULL NAME**

Anton Lucus

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 6 11

**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)**

Palau  
 (STATE OR COUNTRY)

10. NAME OF FATHER Anton Lucus

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

12. MOTHER'S NAME OF MOTHER Donna

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

14. INFORMANT Erst Lucus  
 (Address) Osage City Mo.

15. FILED 12-26-1928 W. M. West  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jul. 24 1928

17. I HEREBY CERTIFY That I attended deceased from July 24 to July 24, 1928  
 that I last saw him live on July 24, 1928, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
99% Acute Stenosis

CONTRIBUTORY (SECONDARY) 90%  
 (duration) yrs. 4 mos. 20 ds.

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?  
 (Signed) E. B. Wright, M. D.  
 , 19 (Address) Osage City Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Osage City Mo. DATE OF BURIAL July 28

20. UNPERTAKER John G. ... ADDRESS Osage City

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.

21 1929

