JAN 22 1929

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

Do not use this space.

1. PLACE OF DEATH
County: Camden — Registration District No. 119 — File No. 39690
Township: Jackson — Primary Registration District No. 51 71 — Registered No.
City: (No. ..... St. ..... Ward)

2. FULL NAME: Francis Marion Lucas
(a) Residence. No. Camden Co Mo St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Sophia Lucas

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 11 - 1857

7. AGE: Years 71 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Crawford Co

PARENTS
10. NAME OF FATHER: Martin Lucas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary Durham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Jim Lucas
(Address): Richland, Mo.

15. FILED Jan 8 1929 Mrs W. J. Clarke, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Dec 25, 1928, that I last saw him alive on Dec 25, 1928, and that death occurred, on the date stated above, at 10 P.M.P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonitis
108
162
101a
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): age
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF No
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) H C Murphy, M.D
12 26, 1928 (Address) Richland 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: Glover Cemetery - Camden Co Mo
DATE OF BURIAL: 12/27 1928

20. UNDERTAKER: W B Dupee Undertaking Co
ADDRESS: Richland 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.