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APR 23 1930

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

Do not use this space.

7878

1. PLACE OF DEATH

County Butler
Township Paplar Bluff
City Paplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 46
St. Ward)

2. FULL NAME

Lellie May Lucas
(a) Residence. No. 903 Grand Ave Paplar Bluff Mo
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 10 —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Golden Gate
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Thomas Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Golden Gate
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Mary Jane Hedge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Graysville
(STATE OR COUNTRY) Illinois

14. INFORMANT Millard F. Lucas
(Address) 903 Grand Ave Paplar Bluff Mo

15. FILED 3/5 - 30 1930 Dr. B. J. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1930, to Mar 4 1930, that I last saw him alive on Feb 1 1930, and that death occurred, on the date stated above, at 4:20 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Colic and intestinal st.

121 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Henrichson M. D.
4-4 1930 (Address) Paplar Bluff 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 Black Creek Cemetery DATE OF BURIAL Mar 5 1930

20. UNDERTAKER Mr. P. Phelps ADDRESS Paplar Bluff 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.

