

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

Do not use this space.

21575 ~~1070~~

1. PLACE OF DEATH  
County Schuyler.  
Township Glenwood,  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 803  
Primary Registration District No. 6048

File No. 70  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lemuel Luke.  
(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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1930

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

I HEREBY CERTIFY, That I attended deceased from June 1 1930 to June 19 1930, and that I last saw him alive on June 19 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9, 1840

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
89 8 10

Hemorrhage of the Brain  
82 A  
169

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Farm Laborer.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 19 ds.

9. BIRTHPLACE (CITY OR TOWN) Georgetown,  
(STATE OR COUNTRY) Ohio.

CONTRIBUTORY (SECONDARY) infirmitie of age  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10. NAME OF FATHER Not Known

18. WHERE WAS DISEASE CONTRACTED  
IF NOT KNOWN OF DEATH \_\_\_\_\_

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

3 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Not Known.

3 WAS THERE AN AUTOPSY? \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Not Known.

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Thos. Johnson M. D.

14. INFORMANT W.B. McGoldrick.  
(Address) Lancaster, Mo.

June 20, 1930 (Address) Glenwood Mo.

15. FILED 6/20 1930 George Rambo  
REGISTRAR

\*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 Glenwood Cemetery DATE OF BURIAL June 30 1930

20. UNDERTAKER John A Roberts ADDRESS Lancaster

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

*Handwritten:* 25 1930

