

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

Do not use this space.

26623

1. PLACE OF DEATH

County Jackson
Township Kaw
City Warsaw (No. 399)

Registration District No. 1302
Primary Registration District No. 399

File No. 3221

Registered No. 3221

2. FULL NAME

(a) Residence. No. Mrs. Lucy R. Luellyn St. 1 Ward Missouri City, Mo
(Usual place of abode)

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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 11 28

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) Richmond
(STATE OR COUNTRY)

10. NAME OF FATHER Charles Ford

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

12. MAIDEN NAME OF MOTHER Patsy Davis

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

14. INFORMANT Cephes Luellyn
(Address) Missouri City, Mo

15. FILED 8/4 1930 Tr. M. Crevel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 19 30

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19 30
that I last saw him alive on 4/30 19 30 and that death occurred, on the date stated above, at 4:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage & Shock

19 30
1 30 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) left elbow (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF 8/2

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) Stanley M. Cooper M. D.

19 30 (Address) Deputy Coroner
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CASES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Missouri City, Mo DATE OF BURIAL Aug 4 19 30

20. UNDERTAKER S. H. Newcome's Sons ADDRESS KC, 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.

