NOV 21 1930

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

Do not use this space.

32089

1. PLACE OF DEATH
County Boone
Township Columbia
City Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. .....
Registered No. 214

2. FULL NAME Lucien Crockett Jr.
(a) Residence. No. 600 Park St. 2nd 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-13-1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
—	2	7	

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

9. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Lucien Crockett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cumblan Furnace
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Evalyn Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

14. INFORMANT Lucien Crockett
(Address) Columbia Mo.

15. FILED 10/22/1930 F. C. Suggett REGISTRAR
by Sell

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1930, to Oct 20, 1930, that I last saw him alive on Oct 20, 1930, and that death occurred, on the date stated above, at 9:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery Amebic
13A
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 16a
(duration) yrs. mos. 3 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) L. A. Bradford, M. D.
, 19 , (Address) Columbia 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	DATE OF BURIAL
Calvary Cemetary	10-22 1930
20. UNDERTAKER	ADDRESS
Stuart P. Parker	Columbia 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.