

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

Do not use this space.

2041

**PLACE OF DEATH**

County macon  
Township Laplata  
City Laplata (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 532  
Primary Registration District No. 4318

File No. \_\_\_\_\_  
Registered No. 7 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Levi Lucas

(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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) self 237  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ill 2  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Lucas

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

12. MAIDEN NAME OF MOTHER Nancy Wilson

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

14. INFORMANT Marie Michalk  
(Address) 5011 1/2 N. 1st St. Mo

15. FILED 1/22 1931 C. H. Querey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1931 to Jan 19 1931  
that I last saw him alive on Jan 19 1931, and that death occurred, on the date stated above, at 10:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Angina Pectoris  
94A

**CONTRIBUTORY (SECONDARY)**

94W  
(duration) \_\_\_\_\_ yrs. mos. ds.  
(duration) \_\_\_\_\_ yrs. mos. ds.

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

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

18 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) C. H. Querey M. D.

1/22 1931 (Address) Laplata 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.

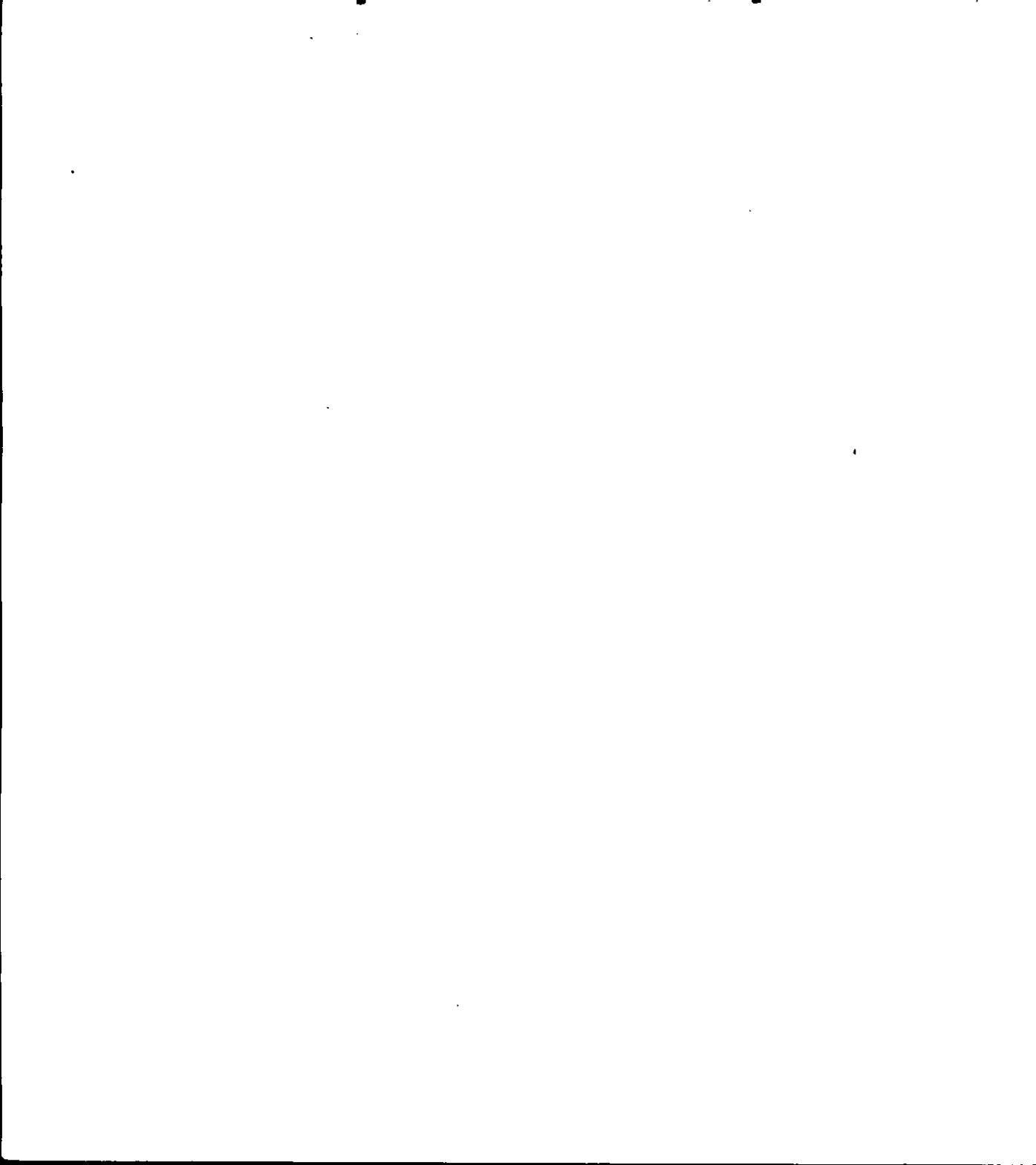
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Laplata Cemetery DATE OF BURIAL Jan 22 1931

20. UNDERTAKER D. Schristie ADDRESS Laplata 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.

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FEB 20 1931

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