

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 26 1931

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

Do not use this space.

18313

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1. PLACE OF DEATH

County Jackson  
Township Orange  
City Leicester Summit (No. ....)

Registration District No. 400  
Primary Registration District No. 4225

File No. ....  
Registered No. 52  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Leicester Summit, Mo. (Usual place of abode) State Mo. Ward 3

Length of residence in city or town where death occurred 33 yrs. — mos. — da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mrs. Essie Lucas</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>June-26-1876</u>                          |                                  |   |
| 7. AGE YEARS<br><u>59</u>   | MONTHS<br><u>10</u>              | DAYS<br><u>17</u>   |
| If LESS than 1 day, ..... hrs. or ..... min.  |                                  |   |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Minister</u>               |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.   |
|            | 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation..... |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cynthiana, Ky.

13. NAME, FATHER David B. Lucas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hammoville, Ohio

15. MAIDEN NAME Deborah Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cynthiana, Ky.

17. INFORMANT Macfarland Lucas (ADDRESS) Leicester Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leicester Summit DATE May-15-31

19. UNDERTAKER Fielder James Co. (ADDRESS) Leicester Summit Mo.

20. SIGNATURE [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8 1931 to May 13 1931  
I last saw him alive on May 13 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

131  
131  
131  
Cerebral Hemorrhage  
Other contributory causes of importance:  
Intestinal Nephritis  
Testicles

Name of operation Prostatectomy Date of .....  
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. (1)

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) A. B. Swanson, M. D.  
(Address) Leicester Summit Mo.

