

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

Do not use this space.

28890

1. PLACE OF DEATH

County Montgomery
Township Laporte
City (No.)

Registration District No. 594
Primary Registration District No. 750
57886

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Matilda Lucky,

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3th-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>49</u>		<u>2</u>	<u>00</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co.

13. NAME Herman Fisher,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co.,

15. MAIDEN NAME Bena Eisenrath,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co.,

17. INFORMANT (ADDRESS) Mrs Fred Gotsch
Aug 31st 1931

18. BURIAL, CREMATION, OR REMOVAL St. Patricks
Hancocks Prairie Cem. Aug 19-31,

19. UNDERTAKER Barton Baker,
(ADDRESS) Americus, Mo.

20. FILED 8-10, 1931 O. R. Rauschellash
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 8, 1931.
I last saw h. alive on Aug 3, 1931. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Unilateral Paralysis of left side
Clinical - Blood clot cerebral!

Other contributory causes of importance: _____

Date of onset 7/15-31

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) O. R. Rauschellash, M. D.
(Address) Rhine land Mo

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

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