

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.

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

Do not use this space.

35161

1. PLACE OF DEATH

County New Madrid  
Township Portage  
City Portageville (No. \_\_\_\_\_)

Registration District No. 607  
Primary Registration District No. 5806

File No. 35  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ellen 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 female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-18-1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>about 53</u>	<u>10</u>	<u>10</u>	<u>29</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.

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) Frank ~~ark~~ ~~mo~~

13. NAME Rube Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ark

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ark

17. INFORMANT Hughy Carter  
(ADDRESS) Portageville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cosmopolitan DATE 10-17-31

19. UNDERTAKER B. M. Payne  
(ADDRESS) Portageville mo

20. FILED 11/6 19 31 Ch. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931, to only, 1931.

I last saw her alive on Aug 17, 1931. Death is said to have occurred on the date stated above, at 3 a.m.

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

colitis

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) J. W. Bess. M. D.

(Address) Portageville, Mo.

