

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

Do not use this space.

1. PLACE OF DEATH
 County Andrew Registration District No. 290
 Township Spring Primary Registration District No. 5408
 City (No. St. Lucas) St. _____ Ward _____

2. FULL NAME Geo. B. 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.

File No. 40581
 Registered No. 1

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Wed.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Madisona Lucas OR WIFE OF _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1931
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 6 30

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myo-
carditis

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) _____
 (c) Name of employer _____

(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 930
 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Paul Keane
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paul Keane
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Paul Keane
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Paul Keane
 (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? NO. DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Cap
 (Signed) _____, M. D.
 _____, 19____ (Address Haverhill)

14. INFORMANT Jo Lucas
 (Address) Lucas Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Paul Cemetery DATE OF BURIAL Dec 25 1931

15. FILED 1-1 1932 A. H. Lewis, Jr., D. REGISTRAR

20. UNDERTAKER St. Daniel Fun. Co. ADDRESS Senath, 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.

NOV 20 1931

