

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

3830

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. State Hospital #2)
 2. FULL NAME Valentine Lucas
 (a) Residence. No. _____ St. _____ Ward. Kansas City Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 1932
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Katherine Lucas</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 8 1874</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>4</u>
		DAYS
		<u>17</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Machinery Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer). _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) <u>Germany</u>		
PARENTS	10. NAME OF FATHER <u>Adam Lucas</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) <u>Germany</u>	
	12. MAIDEN NAME OF MOTHER <u>Widow Ellet</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) <u>Germany</u>		
14. INFORMANT <u>Reginald State Hoop</u> (Address) <u>St Joseph Mo</u>		
15. FILED <u>2-25-32</u> <u>John R. Bender</u> REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1932

I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to Feb 25, 1932
 that I last saw him alive on Feb 25, 1932, and that death occurred, on the date stated above, at 1:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
136 (duration) yrs. mos. 27 ds.
 CONTRIBUTORY (SECONDARY) Coronary Arteriosclerosis
Over (duration) yrs. mos. 27 ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH. _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) W. Clifton Smith M. D.
Feb 25, 1932 (Address) 1125 No. 7 St. Joseph Mo

*State the DISEASE CAUSING DEATH, omit 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 <u>Kansas City Mo</u>	DATE OF BURIAL <u>2-25-32</u>
20. UNDERTAKER <u>B. H. Blackman & Son</u>	ADDRESS <u>K. C. Mo.</u>

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.

MAR 21 1932

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