

Dr. Harrison

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

Do not use this space.

11505

1. PLACE OF DEATH

County Andrew Registration District No. 26
 Township South Butler Primary Registration District No. 3002
 City Mexico Mo No. _____ St. _____ Ward _____

File No. _____
 Registered No. 48

2. FULL NAME

(a) Residence, No. 718 South Jefferson St. 4th Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband's name Morris Lukeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29-1886

7. AGE YEARS 76 MONTHS 2 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
 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) St. Louis Co. Mo. 1

13. NAME Joseph Lukeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co Mo

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co Mo

17. INFORMANT Mrs. C. A. Barnes

18. BURIAL, CREMATION, OR REMOVAL PLACE Clumwood Mo DATE Apr. 28-1932

19. UNDERTAKER Mrs. C. A. Barnes

20. FILE April 28th 1932 Ira S. Milligan Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932 to April 26th 1932
 I last saw him alive on April 26th 1932 Death is said to have occurred on the date stated above, Prima, m.

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

Cerebral Hemorrhage
82 W. 8th

Other contributory causes of importance:
Arterial degeneration
(Senility)

Name of operation NO 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? No

If so, specify _____

(Signed) J. Harrison, M. D.

(Address) Mexico, 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.

MAY 23 1932

