

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

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Mo. Primary Registration District No. 1001
 City St. Joseph Mo. (No. State Hospital for Insane # 2 St. King City, Mo. Ward) (If nonresident, give city or town and State)
 2. FULL NAME Charles C. Luce
 (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. 2 mos. 7 ds. How long in U. S., if of foreign birth yrs. _____ mos. _____ ds.

File No. 11649
 Registered No. 826

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Luce
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19, 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 2 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Minister (Retired)
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Charles Deaton Luce

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Francis M. Slyter
 (Address) 4/4, 1932

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) New York

14. INFORMANT Records State Hosp # 2
 (Address) St. Joseph, Mo.

15. FILED APR 4 1932 REGISTRAR John R. Bender

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1932
 17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1932 to April 4 1932
 that I last saw him alive on April 4 1932, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1.6 Broncho. Pneumonia
 (duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Senile Psychosis
 (duration) _____ yrs. 2 mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED 101A
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Dr. Clifton Smith M. D.
 (Address) State Hospital # 2 St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or in 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 King City, Mo. DATE OF BURIAL April 6 1932

20. UNDERTAKER Heaton, Beale & Baucom ADDRESS 319-36, 104 St. Joseph Mo.

Funeral Home

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.

MAY 28 1932

PARENTS

