

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

Do not use this space.

23088

6

**1. PLACE OF DEATH**

County Jackson Registration District No. 400  
 Township Peoria Primary Registration District No. 4935  
 City Leas Summit - Leas Summit Hospital (No.       )  
 St.        Ward       

File No.         
 Registered No. 115  
 St.        Ward       

**2. FULL NAME** Jessie Austin Lucas

(a) Residence No. Leas Summit 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF McFarland Lucas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 31<sup>st</sup> 1885

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>46</u>	<u>11</u>	<u>9</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Homemaker  
 (b) General nature of industry, business, or establishment in which employed (or employer)         
 (c) Name of employer       

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

10. NAME OF FATHER J. T. Kanary

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Liberty Ohio  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia Brookshier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union Ky  
 (STATE OR COUNTRY)

14. INFORMANT Mack Lucas  
 (Address) Leas Summit Mo

15. FILED 7-13 1932 William J. Fields  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 10<sup>th</sup> 1932

17. I HEREBY CERTIFY, That I attended deceased from July 6 1932, to July 10 1932, and that I last saw her alive on July 10<sup>th</sup> 1932, and that death occurred, on the date stated above, at 6:30 a.m. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Post-operative depression of urine following amputation of cervix appendectomy & cholecystomy  
 (duration) 12 1/2 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) none  
 (duration) 12 1/2 yrs. 4 mos. 4 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF July 3<sup>rd</sup> 1932

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS symptomatic  
 (Signed) J. J. Bohlsdale M. D.  
 Address Leas Summit 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 Leas Summit Cemetery DATE OF BURIAL 7-12-1932

20. UNDERTAKER Fields-James Co. ADDRESS Leas Summit 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.

AGE 24 1932

Dr. JAMES STEWART,  
SPECIAL AGENT,

JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

400

#2 23088

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

115

Name: Jessie Austin Lucas  
Who died at Leek Summit, Mo. on July 10, 1932,  
(City) (County) (Date)

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex \_\_\_\_\_ Color or race \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 12 Year \_\_\_\_\_

Birthplace (State or Country) \_\_\_\_\_

Birthplace of father (State or Country) \_\_\_\_\_

Birthplace of mother (State or Country) \_\_\_\_\_

Principal cause of death: Post operative suppression of urine following amputation of cervix

Other contributory causes of importance: Appendectomy & cholecystectomy

Name of operation: See attached copy of record made July 6, 1932

What test confirmed diagnosis? See at operation Was there an autopsy? no

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify I have asked a copy of record sheet made & attached

Name of physician E. D. Wymen MD

Address of physician 1214 Professional Bldg. Kansas City Mo.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the inclosed official envelope which requires no postage.

Very truly yours,

*James Stewart*  
Special Agent.

