

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.

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

Do not use this space.

36437

1. PLACE OF DEATH

67 County Miss Registration District No. 567
4 Township East Prairie mo Primary Registration District No. 4334
3 City East Prairie mo St. _____ Ward _____
Atlas Oathia Lucas

File No. _____
Registered No. 64
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emerson Ethel Lucas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10th 1890</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>4</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		11. Total time (years) spent in this occupation <u>29</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Painter</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
13. NAME <u>R. P. Lucas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Marta Helen King</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT (ADDRESS) <u>East Prairie mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. R. W.</u> DATE <u>Nov 30 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Lewis Shelby East Prairie mo</u>		
20. FILED <u>Nov 28 1932</u> <u>W. R. W.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932, to Nov 28, 1932. I last saw him alive on Nov 28, 1932. Death is said to have occurred on the date stated above, at 9:00 a.m.. The principal cause of death and related causes of importance were, as follows:
Apoplexy
Date of onset 1 day

Other contributory causes of importance:
82A J. J. W.

Name of 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? 1
If so, specify _____
(Signed) W. W. Whitaker, M. D.
(Address) East Prairie mo

JAN 9 1933

