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.

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

Do not use this space.

19266

1. PLACE OF DEATH
County Cole
Township
City Jefferson City, Mo. (No. , St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No. 152
Registered No.

2. FULL NAME Cephas Luellan #38599.
(a) Residence, No. Mo. State Prison St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 2 mos. 20 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
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) —

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mo. Prison Records J. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo DATE 6-24 1933

19. UNDERTAKER (ADDRESS) Thorpe Gordon Jefferson City Missouri

20. FILED 7/6/ 1933 W. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 24, 1933
I last saw him alive on June 23, 1933. Death is said to have occurred on the date stated above, at 4:45 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset

82 a

Other contributory causes of importance:

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?
If so, specify
(Signed) W. W. Rambo, M. D.
(Address) Mo. State Prison, Jefferson City, Missouri