

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

Do not use this space.

1. PLACE OF DEATH

County Platte Registration District No. 696
Township Carroll Primary Registration District No. 4418
City Platte City (No. _____) St. _____ Ward _____

File No. 20725-a
Registered No. 32

2. FULL NAME

Miller Lucas
(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>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Patsy Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1853</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	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)
Little Rock Ark.

13. NAME
unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
unknown

15. MAIDEN NAME
unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
unknown

17. INFORMANT (ADDRESS)
William Lucas Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City, Mo. DATE June 26, 1933

19. UNDERTAKER (ADDRESS)
L. F. Preddis Platte City, Mo.

20. FILED 12th 1933 May B. Knight 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 3, 1933 to June 24, 1933
I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage, 6-17
13 1/2
Other contributory causes of importance:
Almonia Interstitial nephritis 3 yrs.

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) Wilson Murray, M. D.
(Address) Platte City, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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