

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.

MAR 24 1994

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

Do not use this space.

1. PLACE OF DEATH

County Laclede Registration District No. 287
Township South Primary Registration District No. 5830
City Greenfield, Mo St. _____ Ward _____

File No. 4407

Registered No. _____

2. FULL NAME

Rachel Katherine 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Laclede County, Mo

13. NAME James Monroe Morrison

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

15. MAIDEN NAME Mary Jane McNeil

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

17. INFORMANT (ADDRESS) Albert Lucas, Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Peru, Mo DATE 2-26-94

19. UNDERTAKER (ADDRESS) Ferguson & Cox, Greenfield, Mo

20. FILED 2-28-94 1994 Red L. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to Feb 25, 1934
I last saw her alive on Feb 24, 1934 Death is said to have occurred on the date stated above, at 69 m.
The principal cause of death and related causes of importance were as follows:

Uremic Toxemia Date of onset unknown
Cerebral Hemorrhage
Chronic Endocarditis
Other contributory causes of importance: arterio sclerosis
Cardiovascular Renal disease

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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 Auto accident
(Signed) [Signature]
(Address) Laclede Mo

