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MAY 25 1934

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

Do not use this space.

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Dayer

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 183
Township Springfield Mo. Primary Registration District No. 22001 Registered No. 183
City Springfield Mo. No. 1130 N. Rogers St. Decker Ward

2. FULL NAME

Lucien Hackett Decker
(a) Residence, No. 1130 N. Rogers Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 17

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

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) Iud

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Mrs. Blanch Alges Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National DATE April 27, 1934

19. UNDERTAKER (ADDRESS) Clara Sawyer Springfield Mo.

20. FILED 4-26-34 1934 Registrar Albino Langston

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That, I attended deceased from April 16, 1934 to April 25, 1934
I last saw him alive on April 25, 1934. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
107A

Other contributory causes of importance:

Name of operation Clymer Date of April 16, 1934
What test confirmed diagnosis? Clymer Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury April 16, 1934
Where did injury occur? Home
(Specify city or town, county, and State)

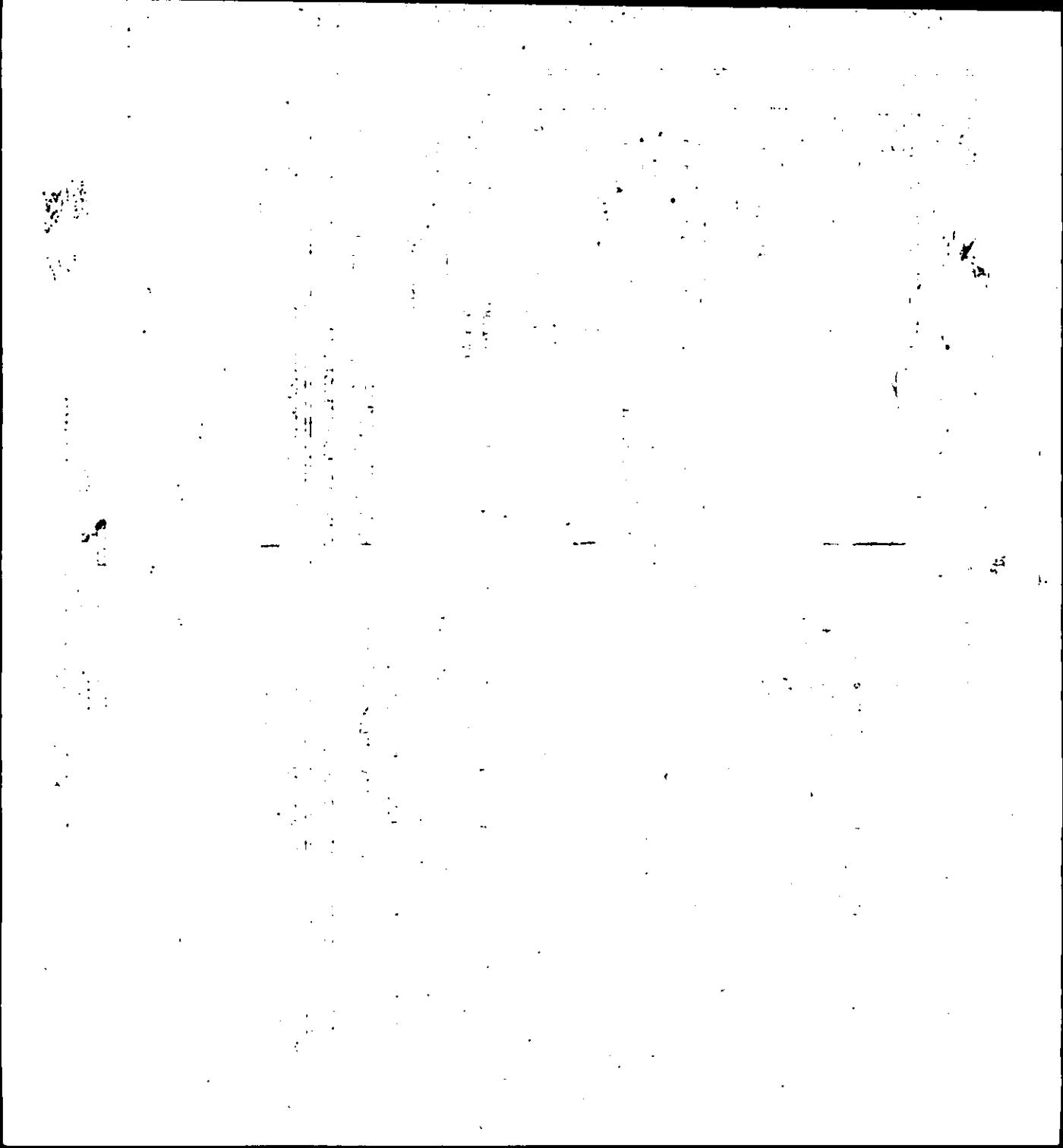
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home
Nature of injury Pneumonia

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) F. S. Dayer, M. D.
(Address) 623 Wood Dr.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state whether or not they were consulted.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

File No. _____

Registered No. 183

2. FULL NAME

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 10 17

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

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) Ind

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Mrs Blanche Dagers Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE April 27, 1934

19. UNDERTAKER (ADDRESS) Alma Schreyer Springfield Mo

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from _____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Bronchial
1070

Name of operation _____ Date of _____

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) J. J. Sayers M. D.
(Address) 623 Woodruff

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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