

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

Do not use this space.

21319

1. PLACE OF DEATH
 23 County Newton Registration District No. 614
 Township Newtonia Primary Registration District No. 6821
 City (No.) St. Ward (No.) Ward

2. FULL NAME George B Lucas
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Mary Lucas</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 - 1863</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>6</u>	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation.	
	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)			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Porter County Ind</u>			
	13. NAME <u>Frank Lucas</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Catharina Britton</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>Mary Lucas</u> (ADDRESS) <u>2344 G. mo. R. 1.</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grants mo</u> DATE <u>6/27</u> 19 <u>34</u>			
19. UNDERTAKER <u>Chas W Williams</u> (ADDRESS) <u>Madison mo</u>				
20. FILED <u>6-27</u> 19 <u>34</u> <u>W M G. Parks</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1934
 22. I HEREBY CERTIFY, That I attended deceased from June 1 1934, to June 25 1934
 I last saw him alive on June 24 1934 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Mitral Leaky
aortic

Other contributory causes of importance:

MI

(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) S. A. Russell M. D.
 (Address) Lincoln Mo

Date of onset

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.

JUL 14 1934

RECEIVED JUL 14 1934

