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

NOV 14 1934

Do not use this space.

35540

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No. 118

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo. (No. V.A.Facility St. 3d Ward)

2. FULL NAME Eugene Lucas

(a) Residence, No. VAF, Excelsior Springs, Mo. St., Ward. Lees Summit, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1886

7. AGE: YEARS 48 — MONTHS 1 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XX
10. Date deceased last worked at this occupation (month and year) XX
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shell City, Missouri

FATHER

13. NAME David B. Lucas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Deborah Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) U.S.Veterans' Adm. Facility Records Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lees Summit Mo. K. C. Mo. DATE 10-3-34 19 34

19. UNDERTAKER (ADDRESS) ~~[illegible]~~ Langsford Funeral Co., K.C. Mo. Home Lees Summit Mo

20. FILED Oct 3 1934 Mrs Rea McCraiden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1934, 19..., to Oct. 3, 1934, 19...
I last saw him alive on October 3, 1934, 19... Death is said to have occurred on the date stated above, at 12:05 P.M.
The principal cause of death and related causes of importance were as follows:

Myocardial failure marked — Date of onset

93D 102

93d

Other contributory causes of importance: hypertension

Name of operation XX Date of XX
What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XX Date of injury XX, 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 unknown
(Signed) H. C. Hardegree, M. D.
(Address) VAF, Excelsior Springs, Mo.