

OCT 1 1934

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

Do not use this space.

1. PLACE OF DEATH

County Wagoner Registration District No. 399
Township 1 Primary Registration District No. 1002
City Wagoner City (No. 4016 Bellevue) St. _____ Ward _____

File No. 35949
Registered No. 444A
St. _____ Ward _____

2. FULL NAME Louis V. Lucas

(a) Residence, No. 4016 Bellevue St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13th 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 0 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. Railroad

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) KANSAS

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Mr. J. R. Sifflington (ADDRESS) Wagoner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE C. L. Wagoner Cem. DATE 10/16/34 19.

19. UNDERTAKER E. Berry (ADDRESS) City

20. FILED 10/3 19 34 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from June 33, 1933, to Oct. 1, 1934
I last saw him alive on October 1, 1934 Death is said to have occurred on the date stated above, at 10:10 a.m.
The principal cause of death and related causes of importance were as follows:

Obstruction of coronary arteries
9582
Date of onset July 1933
Other contributory causes of importance:
Hypertension 1920
Heart Disease

Name of operation _____ Date of _____
What test confirmed diagnosis? PM Was there an autopsy? yes

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) W. H. Tackman, M. D.
(Address) Harwardem, Okla.

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

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.

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Atmo

State of Missouri
County of Jackson

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William Merritt Ketcham, M. D., of lawful age, being by me first duly sworn, on his oath states that he executed the death certificate of Louis V. Lucas deceased October 1st, 1934; affiant states that by mutual mistake and error of scrivener, ~~was~~ discovered until this time, the correct date of birth of said Louis V. Lucas which was September 13th, 1874, was not properly given in said certificate, and it is now asked that said certificate be supplemented to show the correct date of birth of said Louis V. Lucas as above stated. Affiant says nothing further.

William Merritt Ketcham, M.D.

Subscribed and sworn to before me a Notary Public within and for said County and State on this 29th day of October 1934.

Albert Doerschuk
Notary Public, Jackson County,
Missouri

My Commission will expire on Nov. 26th 1934

ALBERT N. DOERSCHUK
NOTARY PUBLIC
201 Westport Road, Independence, Mo.,
Jackson County, Missouri
My Commission Expires November 25, 1934

**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 Jackson Registration District No. _____ File No. _____
 Township Kaw Primary Registration District No. _____ Registered No. 4444
 City K.C. Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Louis V. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5a. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 | 0 | 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER _____
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT _____
 (Address) _____

15. FILED 10/3 1934 M.M. Crowl
asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1 1934

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

_____ (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19 _____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19 _____

20. UNDERTAKER _____ ADDRESS _____

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 COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY