

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

Do not use this space.

1. PLACE OF DEATH **DEC 27 1934**
 County Jennett Registration District No. 114
 Township Butler Primary Registration District No. 5867
 City (No. _____) St. _____ Ward _____

2. FULL NAME Albert 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.

File No. 40225
 Registered No. _____

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>Agie Lucas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 4 - 1878</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>7</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year) <u>Dec. 7 - 1934</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Ill.</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Fred Miller</u> (ADDRESS) <u>Portageville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newark, Mo.</u> DATE <u>Dec. 1 1934</u>		
19. UNDERTAKER <u>H. J. Welch</u> (ADDRESS) <u>Beckerton, Mo.</u>		
20. FILED _____ 19 _____ Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/15 1934 to 11/30 1934.
 I last saw him alive on 11/30 1934. Death is said to have occurred on the date stated above, at 2 Pm.
 The principal cause of death and related causes of importance were as follows:
Tumor of Brain
 Date of onset _____

Other contributory causes of importance:
55
55
55

Name of operation _____ 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 Yes
 (Signed) Geo. Bass M. D.
 (Address) Portageville Mo

