

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

Do not use this space.

DEC 21 1934

**1. PLACE OF DEATH**

County Harris Registration District No. 1170  
 Township Central Primary Registration District No. 62484  
 City Cashwood Heights (No. St. Marys Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 45414  
 Registered No. 197

**2. FULL NAME**

Robert G. Lucking  
 (a) Residence, No. 8427 Midland Oakland, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Norma Lucking  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15-1890  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cash Lucking Sp. Co.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry  
 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) Harris Mo

13. NAME Norman Lucking

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

15. MAIDEN NAME Anna Jaeger

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

17. INFORMANT Mrs. Norma Lucking  
 (ADDRESS) 8427 Midland, Oakland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cash Grove DATE Dec. 7 1934

19. UNDERTAKER Wm. L. Mc  
 (ADDRESS) 2707 N. Grand St.

20. FILED Dec 6 1934 Gertrude Porter  
 Registrar

**V MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1934, to Dec 5 1934  
 I last saw him alive on Dec 5 1934. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia Labor  
 Other contributory causes of importance:  
La Grippe

Date of onset 11-20-34  
11-17-34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? xxxy Laboratory Chemical 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) W. P. Crawford, M. D.  
 (Address) 5902 Southwest Dr

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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