

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.

FEB 8 1935

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

Do not use this space.

1745

1. PLACE OF BIRTH

County Jasper

Registration District No. 411

Township Jasper

Primary Registration District No. 2002

City Jasper

No. 224 Name maur

File No. ....

Registered No. ....

St. .... Ward) ....

2. FULL NAME

(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 m. 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 Eleanor Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16-1893

7. AGE YEARS 42 MONTHS 0 DAYS 0 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist  
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) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Oxford Kas. (STATE OR COUNTRY)

13. NAME Abraham Lucas

14. BIRTHPLACE (CITY OR TOWN) Peacock, Del. (STATE OR COUNTRY)

15. MAIDEN NAME Clementa Alexander

16. BIRTHPLACE (CITY OR TOWN) Oxford Kas. (STATE OR COUNTRY)

17. INFORMANT Eleanor Lucas (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Cameron PLACE DATE 1-19 35

19. UNDERTAKER Thurley and Co. (ADDRESS)

20. FILED 1-17 1935 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-35

22. I HEREBY CERTIFY That I attended deceased from Jan 11 1935 to Jan 12 1935

I last saw him on Jan 12 1935 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Heart failure  
Coronary artery disease  
Chronic arteriosclerosis  
75

Other contributory causes of importance Angina pectoris  
artery

Name of operation .... Date of ....

What test confirmed diagnosis? .... 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 ....

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. J. Jones M. D.

(Address) ...

OCT 27 1947