

AUG 15 1935

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

Do not use this space.

22809

1. PLACE OF DEATH

40 County Greene
Township Waverly
City Brenton (No. _____) St. _____ Ward _____

Registration District No. 328
Primary Registration District No. 3017

File No. _____
Registered No. _____

2. FULL NAME

Baby Boy Lucas
(a) Residence, No. Delaware mo 815 St. E 2nd St no name only used 2 days
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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 2 days old

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2

OCCUPATION 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. _____
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) Brenton mo

MOTHER 13. NAME Betty Edna Lucas

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

15. MAIDEN NAME Betty Helmore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coon Iowa

17. INFORMANT (ADDRESS) Mrs. Betty Lucas

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Grave DATE 7/21 1935

19. UNDERTAKER (ADDRESS) no undertaker

20. FILED 7-20-35 Gene D. Fair Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18 1935 to July 20 1935

I last saw him live on July 19 1935 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Premature infant
delivered 6 1/2 hrs

Other contributory causes of importance: unnatural

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 _____, 1935

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 no

(Signed) G. D. Lucas M. D.

(Address) 915 1/2 Waverly St.

WRITE PLAINLY, WITH OUTFOLDING INSTRUMENTS 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.

