

AUG 21 1935

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

Do not use this space.

24070

1. PLACE OF DEATH

County Platt
Township Carroll
City (No. _____) _____

Registration District No. 696
Primary Registration District No. 5924

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME Fredwards 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.

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 Sallie Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 7 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) see13. NAME W.H. Lucas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny15. MAIDEN NAME Martha Lucas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny17. INFORMANT Franklin Lucas (ADDRESS) Smithville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carroll Mo DATE July 8 193519. UNDERTAKER Reardon F. J. (ADDRESS) Carroll Mo.20. FILED July 8, 1935 W.H. Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7 193522. I HEREBY CERTIFY, That I attended deceased from 5-10 1935, to 7-7 1935I last saw him alive on 7-6 1935 Death is said to have occurred on the date stated above, at 3a m.

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

Cerebral hemorrhage Date of onset _____Myocardial degeneration

Other contributory causes of importance:

arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935Where 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. Lucas, M. D.(Address) Smithville, Mo

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.

