

MAR 18 1936

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

Do not use this space.

723

1. PLACE OF DEATH

County Dade
Township Center
City Greenfield (No.)

Registration District No. 287
Primary Registration District No. 5323

File No. 95
Registered No.

2. FULL NAME

Elizabeth Geraldine Lucas

(a) Residence, No. South Greenfield Ward. (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 - 1901

7. AGE YEARS 34 MONTHS 1 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW
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) Dade County, Mo

13. NAME J. Ed Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County, Mo

15. MAIDEN NAME Katherine Briggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County, Mo

17. INFORMANT Clarence Lucas (ADDRESS) South Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pennsboro, Mo DATE 2-1

19. UNDERTAKER Fugant Cox (ADDRESS) Greenfield, Mo

20. FILED 3-14 1936 Geo K. Weir

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1936, to Jan 31, 1936

I last saw her alive on Jan 31, 1936. Death is said to have occurred on the date stated above, at 5-9 m.

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

Septicemia
retained hemorrhage
Septic Throat

Date of onset

Other contributory causes of importance: retained hemorrhage
Septic Throat

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

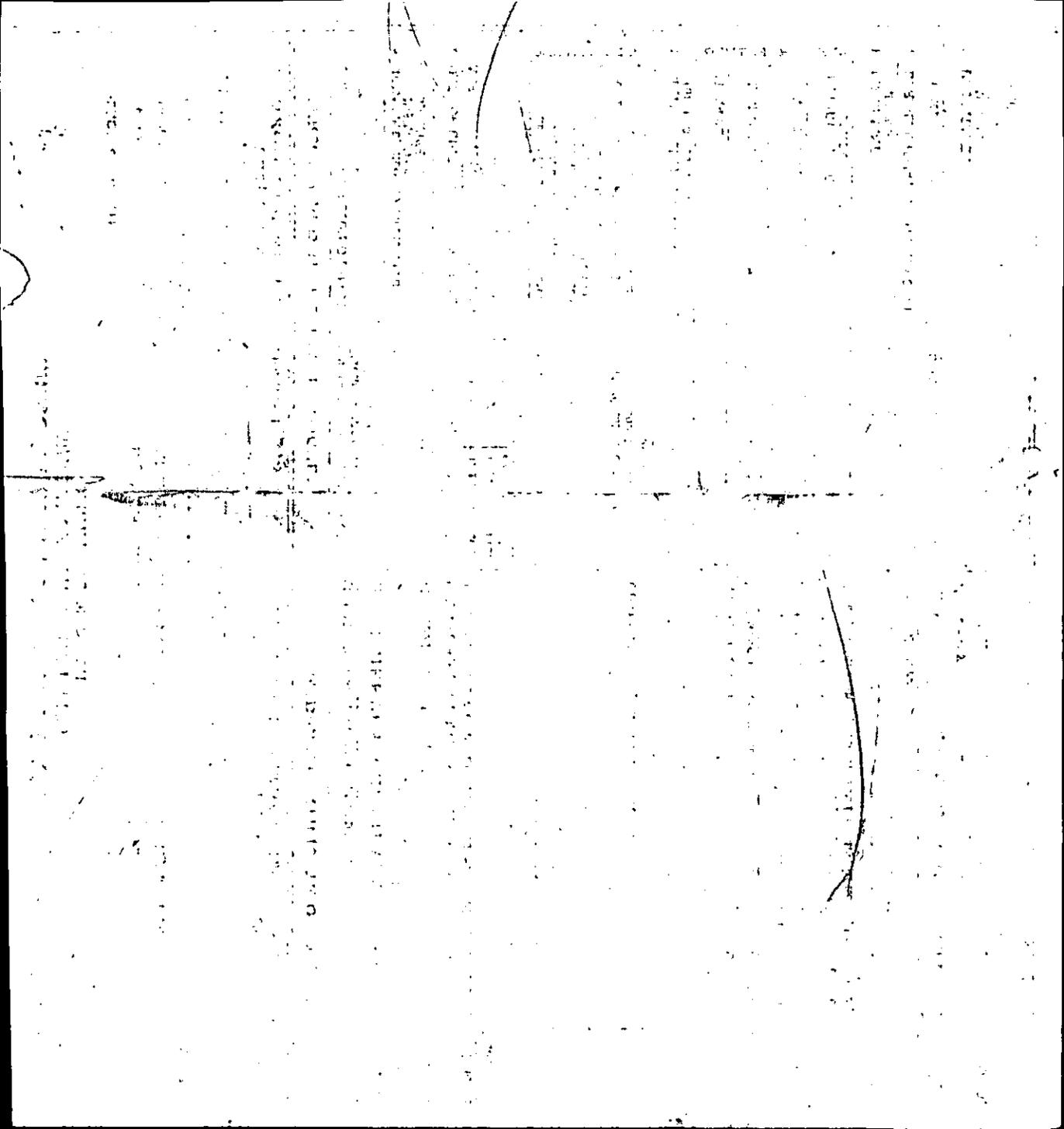
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

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) J. O. Reenan, M. D.
(Address) Greenfield, Mo



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1. PLACE OF DEATH

County Wade Registration District No. 287 File No. _____
 Township Center Primary Registration District No. 3323 Registered No. 95
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Elizabeth Geraldine 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 yr. or less than 1 min.
	<u>34</u>	<u>1</u>	<u>27</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. _____
 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) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3-14 1936 Geo. F. Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance:

uterine Hemorrhage
Malignancy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. D. Cowan, M. D.

(Address) Greenfield

SUPPLEMENTARY

W.D.

5-723