

APR 27 1936

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

Do not use this space.

138467

1. PLACE OF DEATH

County Washington
Township
City Caledonia (No. _____)

Registration District No. 885
Primary Registration District No. 4530

File No. _____
Registered No. 0
St. _____ Ward _____

2. FULL NAME Margarette Elizabeth 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

MEDICAL CERTIFICATE OF DEATH

3. SEX fem. 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 James Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 3 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) Reynolds Co. (STATE OR COUNTRY) _____

13. NAME Wm. Sutton

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

15. MAIDEN NAME Malinda Hichley

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

17. INFORMANT James Lucas (ADDRESS) Caledonia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo. DATE 3/26/36 19 _____

19. UNDERTAKER White & Son (ADDRESS) Trouton Mo.

20. FILED 3-27 1936 Mrs. Ella White Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1st 1936 to Mch. 18 1936

I last saw her alive on Mch. 18 1936 Death is saidto have occurred on the date stated above, at 8.45 m. P. M.

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

Choked by mucus!
rigid mucus ropiness
that could be expectorated

Date of onset

Other contributory causes of importance:

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.

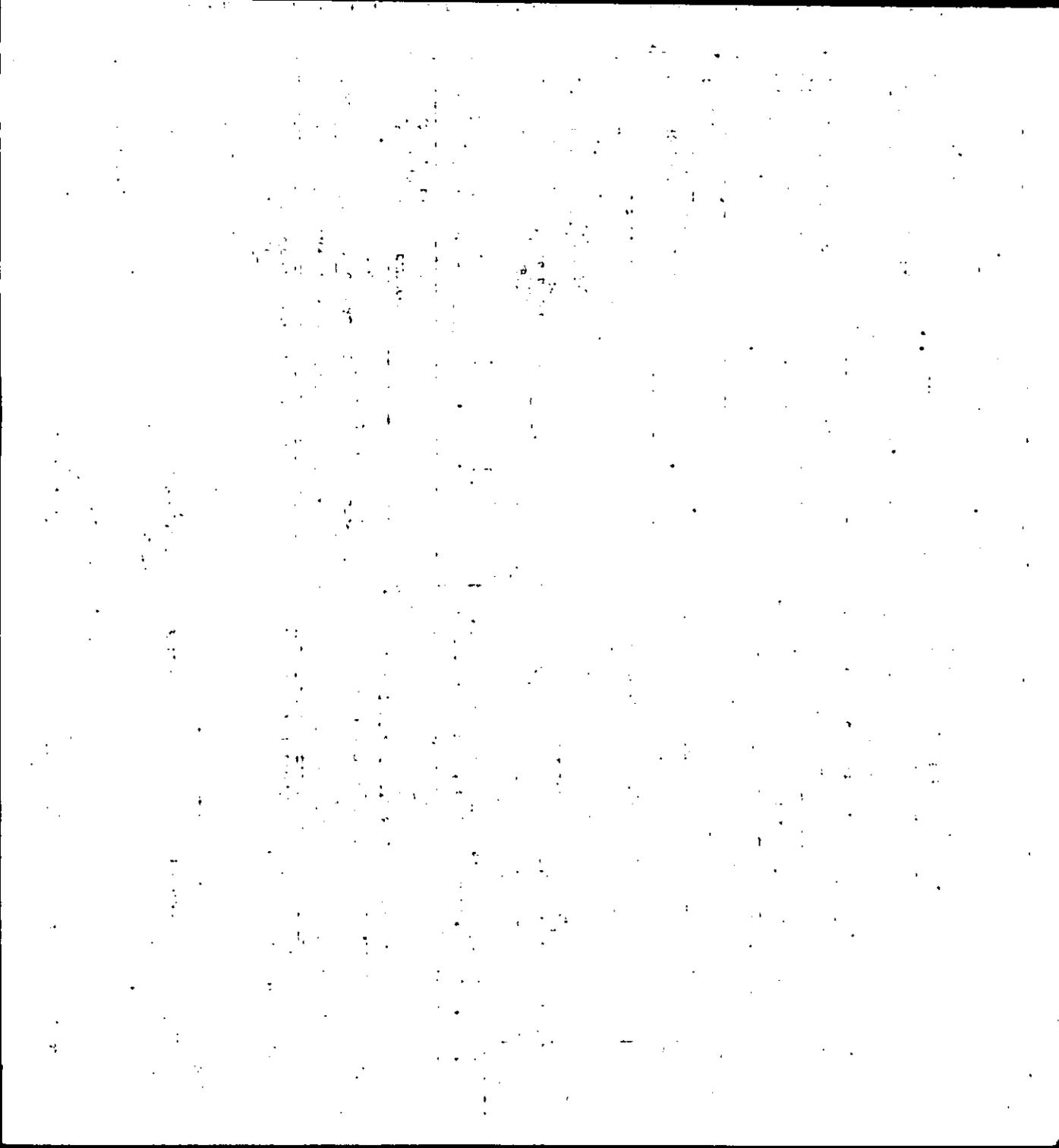
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. W. Gale M. D.(Address) Sumner Mo.



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Do not use this space.

1. PLACE OF DEATH

County Washington
Township _____
City _____ (No. _____ St. _____ Ward)

Registration District No. 885
Primary Registration District No. 4526-

File No. 13846
Registered No. 6

2. FULL NAME

Margaretta Elizabeth Lucas

(a) Residence, No. _____ St. _____ Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m -
(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 day, _____ hrs. or _____ min.
63 - 3 8

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 327 1936 Mrs. Ella White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24 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:

Choked by mucous rising more rapidly than could be expected

Date of onset

Other contributory causes of importance:

Probably Tubercular meningitis due to Inj. & Bronchitis

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. W. Hale, M. D.

(Address) Bismark mo

SUPPLEMENTAL

5-13846