

MAY 22 1936

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

Do not use this space.

16020

## 1. PLACE OF DEATH

County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3079  
City Hannibal (No. 337, Cypress) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 128

## 2. FULL NAME

James Elbridge Lucas  
(a) Residence, No. 332 Cypress St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 Male 4. COLOR OR RACE American White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mrs Rosa Lee Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
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) Pike County Missouri13. NAME Samuel P. Lucas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri15. MAIDEN NAME Margaret Summers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri17. INFORMANT (ADDRESS) Mrs Rosa Lee Lucas  
Hannibal Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cemetery  
Hannibal Mo DATE Apr. 28 193619. UNDERTAKER (ADDRESS) Wm M Smith  
Hannibal, Mo20. FILED Apr 27 1936 H G Fisher  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1936, to Apr 26, 1936  
I last saw him alive on Apr 26, 1936 Death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 4/24/36

Other contributory causes of importance: 82

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 \_\_\_\_\_, 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? no  
If so, specify \_\_\_\_\_  
(Signed) A B Blue, M. D.  
(Address) Hannibal 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

