

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

Do not use this space.

30758

1. PLACE OF DEATH

County Iron
Township Asadia
City Ironton

Registration District No. 391
Primary Registration District No. 4230

File No.
Registered No. 57
St. Ward)

2. FULL NAME Carvlon Lucy

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0) 0 00

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Sabula Mo. (STATE OR COUNTRY)

13. NAME Mark Lucy

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

15. MAIDEN NAME Lena Ross

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

17. INFORMANT Mark Lucy (ADDRESS) Sabula Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sabula Mo. DATE Aug. 3, 1936

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

20. FILED Aug 10, 1936 RA Rasch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from not attended

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at 1:00 p.m.

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

Premature Birth

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Blind 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?.....

If so, specify

(Signed) C. M. Fitzpatrick M. D.

(Address) Estimote, 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.

