DEC 3 1936

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

Do not use this space.

38354

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Marion — Primary Registration District No. 3029 — Registered No. 265

City Hannibal (No. #8 Cabin, Clays Camp - McMasters Ave. Ward)

2. FULL NAME Olive Evalena Lucas

(a) Residence, No. ..... St., ... Ward. Farber, Mo.
(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 (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 19 1900

7. AGE: 36 YEARS — MONTHS: 1 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Wellesville Mo

FATHER

13. NAME: William D. Fitzgerald

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

MOTHER

15. MAIDEN NAME: Elizabeth Shaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co Mo

17. INFORMANT (ADDRESS): W. D. Fitzgerald

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farber Mo DATE Oct. 18 1936

19. UNDERTAKER (ADDRESS): Roy P. Schwartz Hannibal Mo.

20. FILED Oct 19, 1936 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Found Dead about 9:00 a.m. Oct. 18 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

Verdict of Coroner Jury
"By being accidentally over come by gas from heater in cabin."

Other contributory causes of importance:

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Name of operation: none — 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? Accident — Date of injury Oct. 18, 1936

Where did injury occur? Hannibal - Marion Co. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In cabin at Clays Filling Station & Cabins

Manner of injury: Found dead in bed at cabin

Nature of injury: Gas turned on - flame out - room filled with gas.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Cecil E. Schwartz, ~~M.D.~~

(Address) Hannibal, Mo

Coroner, Marion Co., Mo.

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

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.

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