

DEC 8 1936

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

Do not use this space.

42152

1. PLACE OF DEATH

County Phelps  
Township .....  
City Walla (No. ....)

Registration District No. 677  
Primary Registration District No. 4403

File No. ....  
Registered No. 123 St. .... Ward)

2. FULL NAME

Minor A 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth V Lucas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1857</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>5</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired R.R. Worker</u>
	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)  
Alton Ill

13. NAME  
Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Don't know

15. MAIDEN NAME  
Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Don't know

17. INFORMANT (ADDRESS)  
A J Lucas Newburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Clinton Ill DATE 11-12-1936

19. UNDERTAKER (ADDRESS)  
Lee Johnson Newburg Mo

20. FILED Nov. 11 1936 W. F. Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 - 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 10 - 1936 to Nov 10 - 1936  
I last saw him alive on Nov 10 - 1936 Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Gun shot wound of chest

Other contributory causes of importance  
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Name of operation Removal bullet Date of 11-10-36  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 11-10-1936  
Where did injury occur? Newburg Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Home

Manner of injury gun of chest  
Nature of injury wound of chest

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

(Signed) R. E. Greener, M. D.  
(Address) Newburg 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.

