

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

Do not use this space.

JUN 25 1937

1. PLACE OF DEATH

County Remond
Township Hayti
City Concord (No.)

Registration District No. 653
Primary Registration District No. 5865

File No. 20905
Registered No. 46
St. Ward)

2. FULL NAME

Carly Lucas

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

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-9-1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Remond Co. Mo.

13. NAME J. W. Lukes

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

15. MAIDEN NAME Vernee Hemphill

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

17. INFORMANT J. W. Lukes (ADDRESS) Hayti - R.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE 5-19-1937

19. UNDERTAKER Ray Ford Co. (ADDRESS) Hayti Mo.

20. FILED 5/9 1937 McKardie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to May 19, 1937. I last saw him alive on May 17, 1937. Death is said to have occurred on the date stated above, at 5:28 a.m.

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

Morossmia Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? S.T.S. 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) Arthur, M. D.
(Address) Hayti

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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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Demascat
Township _____
City Concord (No. _____)

Registration District No. 623
Primary Registration District No. 5865

File No. 20965
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Cary Lucas
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1937

7. AGE YEARS MONTHS DAYS 10 If LESS than 1 day, hrs. or min.

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

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) Hotli, West Virginia

13. NAME J. W. Lucas

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

15. MAIDEN NAME Vernie Humphill

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

17. INFORMANT (ADDRESS) J. W. Lucas (Father)

18. BURIAL, CREMATION, OR REMOVAL PLACE Dequinn bridge May 20, 1937

19. UNDERTAKER (ADDRESS) Friends

20. FILED Oct. 22, 1937 A. G. Shirey Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to May 19, 1937. I last saw him alive on April 20, 1937. 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:

Marasmus
Failure to thrive

Full term child

Other contributory causes of importance:

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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. G. Shirey, M. D.
(Address) Hotli, West Virginia

Date of onset
4-9-37

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-20905