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.

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 36562
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. Rockhill Manor St. Ward)

2. FULL NAME William Henderson Lucas
(a) Residence, No. Rockhill Manor 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20, 1849

7. AGE: 88 YEARS, 2 MONTHS, 14 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
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): Kentucky

FATHER
13. NAME: William C. Lucas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dublin Ireland

MOTHER
15. MAIDEN NAME: Hannah Rolf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London England

17. INFORMANT (ADDRESS): William C. Lucas, 1015 W. 60th St. Terrace

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Danville, Ky. DATE Oct. 5, 1937

19. UNDERTAKER (ADDRESS): Stine & McClure, Kansas City, Missouri.

20. FILED Oct 4, 1937 M. McGowan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1937, to Oct-4, 1937
I last saw him alive on Oct-4, 1937. Death is said to have occurred on the date stated above, at A. m. 1:40
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	4 years
Chronic Myocarditis	10 years
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Other contributory causes of importance:
Terminal Hypostatic pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Carl H Brust, M. D.
(Address) 106 W 14th St - Kansas City, Mo.