

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

Do not use this space.

NOV 24 1937

1. PLACE OF DEATH

County Sullivan
 Township Penn
 City Green Castle (No. _____)

Registration District No. 849
 Primary Registration District No. 4374

File No. 38994
 Registered No. 31

2. FULL NAME Gladys Mae 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 Female 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 Otto Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 7 1

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

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) Mo.

13. NAME James Muir

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Castle Mo.

15. MAIDEN NAME Ester Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Castle Mo.

17. INFORMANT Otto Lucas
 (ADDRESS) Green Castle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Castle DATE Nov. 5 1937

19. UNDERTAKER Glenn E. Kent
 (ADDRESS) Green City, Mo.

20. FILED Nov 8 1937 Virginia Gibson (Address) Greenville, Missouri
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1934, to Nov. 3, 1937.
 I last saw her..... alive on Nov. 3, 1937. Death is said

to have occurred on the date stated above, at 5⁰⁰ A.m.
 The principal cause of death and related causes of importance were as follows:

Ulcerative Colitis Date of onset 1933
Multiple Polyposis of colon found 1936

Other contributory causes of importance: 120-128
Postoperative ileostomy never functioned satisfactorily

Name of operation Ileostomy at Mays Clinic 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) George E. Grant, M. D.
Greenville, Missouri

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.

