REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County St. Charles 2 1 Registration District No. 760 B File No. 8022
Township Dardenne Primary Registration District No. 6001 Registered No. 39
City Orallon (No. ..... St. ..... Ward)

2. FULL NAME Hiram D. Luckey 2.00
(a) Residence, No. Orallon St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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~~ Mrs. Mary Luckey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, X hrs. or ..... min.
75	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad man
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) Illinois 1

FATHER
13. NAME not known 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 9

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs. Mary Luckey Orallon Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Orallon Mo. DATE Mar 3 1938

19. UNDERTAKER (ADDRESS) E A Keithly Orallon Mo

20. FILED Mar 5 1938 E A Keithly m Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1938, to Feb 27, 1938
I last saw him alive on Feb 27, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Feb 27, 38

Other contributory causes of importance:

Chronic Hypertension	1925

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Nicholas J. Honick, M. D.
(Address) O'Fallon 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.