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.

JUL 25 1938

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

Do not use this space.

23194

1. PLACE OF DEATH
County Washington Registration District No. 1080 File No. 194
Township Walter Primary Registration District No. 6180 Registered No. 194
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Betty R 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1937
7. AGE YEARS MONTHS 2 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Potosi Mo

FATHER
13. NAME Ray Lucas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo

MOTHER
15. MAIDEN NAME Rosie Holt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismark Mo

17. INFORMANT (ADDRESS) Maud Gibson Adenley
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mission Ridge DATE Feb 22 1938
19. UNDERTAKER (ADDRESS) Sparks Potosi Mo
20. FILED July 1 1938 J S Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1938 to Feb 21 1938
I last saw her alive on Feb 15 1938. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance: Influenza

Name of operation — 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? .....
If so, specify .....
(Signed) G F Cuswell, M. D.
(Address) Potosi Mo