

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

Do not use this space.

1289

1. PLACE OF DEATH
 County Jackson Registration District No. 665 File No. _____
 Township Harris Primary Registration District No. 1000 Registered No. 264
 City K.P. No (No. 3508 Euclid Avenue) St. _____ Ward _____

2. FULL NAME Lucinda Florence Clasbey
 (a) Residence, No. 3508 Euclid 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>82</u>	<u>1</u>	<u>10</u>	

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

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) N.Y.

MOTHER FATHER

13. NAME William Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mahalia DeLeon

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

17. INFORMANT Harry J. Bluffs
 (ADDRESS) 2350 Euclid

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Wash DATE Jan 20 - 1934

19. UNDERTAKER Mrs. C. Z. Herster
 (ADDRESS) 918 Broadway Ave.

20. FILED Jan 19 1934 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 18 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934, to Jan 18, 1934
 I last saw her alive on Jan 18, 1934 Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:
apoplectic stroke Date of onset 1/17/34
(Hemiplegia)
 Other contributory causes of importance: Chronic Hypertension 2 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? Labours 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 Henry Paul M. D.
 (Signed) _____ (Address) 900 State Bldg

FEB 2 1934
 MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

H. H. Raab.

8
Aalto mai 5197

Wirtman val 7497

3 pm