

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

32197
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5280 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Lucian Creek
 (a) Residence, No. Roanoke R.F. 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mabel Davis Creek
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29-1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
60 10 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as law mill, bank, etc. for self
 10. Date deceased last worked at this occupation (month and year) 2 mo. Liberty Mo. 11. Total time (years) spent in this occupation 45
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.
 FATHER 13. NAME K. A. Creek
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Mo.
 MOTHER 15. MAIDEN NAME Mary E. Stevenson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Liberty Mo.
 17. INFORMANT (ADDRESS) Mrs. Mabel Davis Creek R.F. 1 Roanoke Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE near Liberty Mo. DATE Sept. 15 1939
 19. FUNERAL DIRECTOR (ADDRESS) Church - Archer Co Liberty Mo
 20. FILED Sept 22 19 39 W. H. Shaffer Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 14 1939, to Sept 13 1939
 I last saw him alive on Sept 13 1939. Death is said to have occurred on the date stated above, at 3:30 m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset July 14, 38
Cerebral Thrombosis
General Arteriosclerosis
 Other contributory causes of importance: SB
 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) Burton Matthews, M. D.
 (Address) Liberty Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)