

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

Do not use this space.

15500 **A**

**1. PLACE OF DEATH**

County DeKalb  
Township DeKalb  
City DeKalb Springs (No. ....) St. .... Ward (.....)

Registration District No. 11-11-11  
Primary Registration District No. 11-11-11

File No. ....  
Registered No. ....

**2. FULL NAME**

Thomas B 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4-30-1840</u>		
7. AGE <u>92</u>	YEARS <u>11</u>	MONTHS <u>20</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) ..... (c) Name of employer .....		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1933

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hardening of the Arteries

CONTRIBUTORY (SECONDARY) .....

9. BIRTHPLACE (CITY OR TOWN) Uniontown  
(STATE OR COUNTRY) Penn.

10. NAME OF FATHER Thos. Lucas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Uniontown  
(STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Rebecca Emery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Penn.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) A. L. Elden M. D.  
, 19 (Address) DeKalb Springs Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

14. INFORMANT Annie H. Hestler  
(Address) DeKalb Springs Mo

15. FILED Sept 19 33 Paul R. Evans  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DeKalb Springs DATE OF BURIAL Apr 21 1933

20. UNDERTAKER T. R. Burns ADDRESS .....

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.

SEP 20 1933

PARENTS

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E.P.B.