AUG 18 19..

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

Do not use this space.

23421

1. PLACE OF DEATH

County: Vernon — Registration District No.: 875 — File No.:

Township: Washington — Primary Registration District No.: 6162 — Registered No.: 135

City: ~~Nevada~~ (No. ..... St. ..... Ward)

2. FULL NAME Rebecca Stuckey

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 9 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D.K.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1843 D.K.

7. AGE: YEARS 84 — MONTHS D. — DAYS K. — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: D.K.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

PARENTS
10. NAME OF FATHER: D.K.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): D.K.
12. MAIDEN NAME OF MOTHER: D.K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): D.K.

14. INFORMANT (Address): Hosp. Records, Nevada, Mo.

15. FILED 8/8, 1927 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 17, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1926 to July 17, 1927 that I last saw her alive on July 17, 1927, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis
131
84 D.K. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Insanity
D.K. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S. L. Lykoff, M. D.
7/19, 1927 (Address) Nevada, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Holden Mo — DATE OF BURIAL: July 19 1927

20. UNDERTAKER: Terry Funeral Hon. — ADDRESS: Nevada

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.