

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

Do not use this space.

35706

1. PLACE OF DEATH

County Saline
Township
City Marshall

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 157
St. Ward

2. FULL NAME

Betty Shelby Tucker

(a) Residence, No. St. Ward.

(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 10 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher
(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) Mo

10. NAME OF FATHER Henry B Tucker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

12. MAIDEN NAME OF MOTHER Ferguson

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

14. INFORMANT Herwood Davis (Address) Marshall Mo

15. FILED 10-14-28 Mrs. John W. McQuire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 6, 1928, to Oct 7, 1928 that I last saw her alive on Oct 7, 1928, and that death occurred, on the date stated above, at 9-15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of cervical stump with involvement of bowel and bladder
(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 46
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Brunswick, Ga

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 1927

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Cervical autopsy

(Signed) F. Manning M. D. 10/7, 1928 (Address) Marshall, 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 DATE OF BURIAL
Ridge Park Cem. Oct 8 1928

20. UNDERTAKER ADDRESS
T. W. Campbell Marshall

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.

RECORDS

