Mar 30 1929

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

Do not use this space.

11990

1. PLACE OF DEATH
County: Ray
Township: Grape Grove
City: (No. St. Ward)

Registration District No. 914
Primary Registration District No. 6233

File No.
Registered No. 4

2. FULL NAME: Emma Pearl Tucker

(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. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. F. Tucker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug-5-1895

7. AGE: Years 33 | Months 7 | Days 22 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Millville Mo

PARENTS
10. NAME OF FATHER: Mike Moyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Jenny Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia

14. INFORMANT: J. F. Tucker
(Address): Hardin Mo

15. FILED Mar 29 1929 W. E. Gant
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar-27-1929

17. I HEREBY CERTIFY, That I attended deceased from 19, to Mch 27 1929 that I last saw him alive on March 25 1929, and that death occurred, on the date stated above, at 5 00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dementia Praecox
Katatonic Type.

84 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) (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

Mar 28 (Signed) Carl H Reed, M. D.
1929 (Address) Hardin 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: Bethany ~~Pennsylvania~~ Cem
DATE OF BURIAL: Mar 30 1929

20. UNDERTAKER: Jno W. Knipschild
ADDRESS: Hardin Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD