

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

Do not use this space.

21967

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**1. PLACE OF DEATH**

County Lincoln  
Township Monroe  
City (No. ....) St. .... Ward)

Registration District No. 492  
Primary Registration District No. 175-2

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

**2. FULL NAME**

Malinda Ellen Lucker

(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. S. Lucker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	76	6	23	

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) Missouri

10. NAME OF FATHER Britt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Hopwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT J. S. Lucker  
(Address) Winfield mo

15. FILED 6/19 1929 J. Stewart REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-15, 1929, to 6-18, 1929 that I last saw h. alive on 6-18, 1929 and that death occurred, on the date stated above, at 11 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralysis (Hemiplegic)

820 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. Stewart M. D. 19 Winfield mo (Address)

\*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  
New Galilee cemetery June 20 1929

20. UNDERTAKER ADDRESS  
David L. Forbush Winfield, 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.

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PARENTS

