

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

Do not use this space.

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1. PLACE OF DEATH

County Boone
Township Stephens Store
City Stephens Store Mo.

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Fannie 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Berry

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Anna Bell Claybourn
(Address) Stephens store Mo.

15. FILED 9-17-29 Beatrice Grubb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-16 1929

17. I HEREBY CERTIFY, That I attended deceased from Only one visit Aug 29, 1929 to _____, 19____ that I last saw him _____ move on _____, 19____ and that death occurred, on the date stated above, at _____ 6:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General paresis
76 (duration) yrs. 0 mos. - ds.

CONTRIBUTORY (SECONDARY) I don't know (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?
(Signed) R. L. Hopper, M. D.
. 19 (Address) Stephens 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 moved to Chapel DATE OF BURIAL 9-17 1929

20. UNDERTAKER W. C. Freeman ADDRESS Stephens store
Chumb

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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