

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

Do not use this space.

33322

**1. PLACE OF DEATH**

County Cooper.  
Township Blackwater  
City Blackwater (No. 1112)

Registration District No. 217  
Primary Registration District No. 4131

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME Mrs. Mary Rucker.**

(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10<sup>th</sup> 1850.

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
	79	8	9	

**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) Virginia.

10. NAME OF FATHER James Poindexter.

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

12. MAIDEN NAME OF MOTHER Mary Chilton.

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

14. INFORMANT Mrs. John Sims.  
(Address) Blackwater Mo.

15. FILED 10-19-29 J. V. Honey  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1929, to Oct 16 1929, that I last saw her alive on Oct 15 1929, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gastric Carcinoma

H6B  
..... (duration) 3 yrs. .... mos. .... ds.

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

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

9 DID AN OPERATION PRECEDE DEATH? X DATE OF .....

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. V. Honey M. D.

10-19-29 (Address) Blackwater 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 Old Lamine Cemetery. DATE OF BURIAL 10/21 19 29

20. UNDERTAKER Goodman & Roller ADDRESS Boonville

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. FILED WITH ORIGINAL RECORD

