

MAR 9 5 1930

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

Do not use this space.

1. PLACE OF DEATH

County Lancaster Co
Township Green
City Green

Registration District No. 104
Primary Registration District No. 3008

File No. 4247
Registered No. 42
St. _____ Ward _____

2. FULL NAME

Floora Tucker

(a) Residence. No. Lawrence Co Mo St. State Hospital No 7
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. / mos. - da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Caucasian

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

OK

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

OK

7. AGE

Abt 42

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

OK

(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)

OK

10. NAME OF FATHER

OK

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

OK

12. MAIDEN NAME OF MOTHER

OK

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

OK

14.

INFORMANT (Address)

Records Hospital No 7
Green Mo

15.

2-2630

P. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1930, to Feb 21 1930 that I last saw h. alive on Feb 20 1930, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial
infarction

CONTRIBUTORY (SECONDARY)

908

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? blueness

(Signed) Dr. H. G. Young, M. D.

, 13 State Hospital No 7 (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

Kirkville, Mo.

DATE OF BURIAL

Feb. 27 1930

20. UNDERTAKER

Eli Bell

ADDRESS

Green, 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.

