

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.

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

Do not use this space.

20249

1. PLACE OF DEATH

County Perry
Township Center
City Center (No. 660)

Registration District No. 660
Primary Registration District No. 5878

File No. 24
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-27-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 7 8 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Perry County Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ambrose Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry County Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ambrose Tucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry County Mo
(STATE OR COUNTRY)

14. INFORMANT Marcel Tucker
(Address) R #3 Perryville Mo

15. FILED 6/6/30 Reo J. Fleck
REGISTRAR John Mack

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5th 1930

17. I HEREBY CERTIFY, That I attended deceased from March 10th 1930, to June 5th 1930, and that I last saw her alive on June 5th 1930, and that death occurred, on the date stated above, at 730 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Eddocarditis

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Place of Death

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis

(Signed) Dr. Harry J. Snapp, M. D.

, 19 1930 (Address) Perryville 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

Mount Hope DATE OF BURIAL 6/7 1930

20. UNDERTAKER

Balmer & Young Perryville Mo
ADDRESS

