

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

Do not use this space.

**31312**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City: **St. Louis** (No. **5539**) **Pershing Ave** St. .... Ward)

**2. FULL NAME** **Elizabeth Tucker**

(a) Residence, No. **5539 Pershing Ave**, **5** Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 17 1930**

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

17. I HEREBY CERTIFY, That I attended deceased from **Oct 13 1930** to **Sept 17 1930** that I last saw him alive on **Sept 11 1930** and that death occurred, on the date stated above, at **7:10 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 1 - 1882**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Bronchial Asthma non Tubercular**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**48 9 11**

**112 9.5 P** (duration) **7 yrs. mos. ds.**  
 CONTRIBUTORY (SECONDARY) **Acute Dilatation of Heart** (duration) **Instantaneous**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Housekeeper**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

9. BIRTHPLACE (CITY OR TOWN) **St Louis Mo**  
 (STATE OR COUNTRY)

0 DID AN OPERATION PRECEDE DEATH? **No** DATE OF  
 WAS THERE AN AUTOPSY? **No**

10. NAME OF FATHER **Peter M. Towan**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Cincinnati Ohio**  
 (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) **O. C. Raines**, M. D.

12. MAIDEN NAME OF MOTHER **Ann O'Connell**

9/17, 1930 (Address) **370 Metro Bldg**

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

\*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.

14. INFORMANT **Edward M. Towan**  
 (Address) **5539 Pershing Ave**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **Sept 15 1930**

15. **SFP 12 10:0** FILED **19:00** **Key C. Walker** REGISTRAR

20. UNDERTAKER **Chas L. Guight** ADDRESS **4259 Lindell**

Exact statement of OCCUPATION is very important.

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