

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

Do not use this space.

40314

1. PLACE OF DEATH

County Barry

Registration District No. 663

File No. 18

Township St. Marys

Primary Registration District No. 0881

Registered No. 1

City Barry (No. St. Ward)

2. FULL NAME

Katherine Mary Tucker

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

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

Dec. 15, 1884

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

46

0

13

8. OCCUPATION OF DECEASED

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

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

House keeping

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Silver Lake, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Raymond C. Tucker

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Silver Lake, Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ellen G. Salland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis, Mo.

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Emmyett Tucker
Silver Lake, Mo.

15.

FILED

28, 1930 Hy J. Duwall

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec. 28, 1930

17.

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1929, to Dec. 28, 1930.
that I last saw her alive on Dec. 26, 1930, and that death occurred, on the date stated above, at 11:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

108

12 1/2

(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) Bronchitis and Chronic Nephritis

(duration) 3 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED?

At home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General symptoms

(Signed) E. A. Reident, M. D.

, 19 (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

DATE OF BURIAL

Silver Lake Mo

12 30 1930

20. UNDERTAKER

ADDRESS

Zellner & Young Perryville 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.

1931

