

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

136

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 very important.

1931
8
2

1. PLACE OF DEATH
 County Benton Registration District No. 60 File No. _____
 Township White Primary Registration District No. 4035 Registered No. 3886 2
 City Lincoln (No. _____) St. _____ Ward _____

2. FULL NAME Luerda Tucker Winegardner
 (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 ♀ 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Samuel Winegardner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 14

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) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. James
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Edgar Tucker
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Adams town
 (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Jane Phillips
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know
 (STATE OR COUNTRY) Illinois

14. INFORMANT A. L. Tucker
 (Address) Lincoln Mo.

15. FILED Feb. 30 1931 E. L. Rhodes
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1931
 17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1931, to Jan 29 1931, that I last saw her alive on Jan 29 1931, and that death occurred, on the date stated above, at 2:15 PM m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
Had been sick for some time when I was called (duration) 1 yrs. 2 mos. 10 da.

CONTRIBUTORY (SECONDARY) None (duration) _____ yrs. _____ mos. _____ da.

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 _____
 (Signed) S. O. Stratton, M. D.
 , 19 (Address) Lincoln

*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
Wt Pleasant Care Jan 30 1931

20. UNDERTAKER ADDRESS
J. B. Calvert, Lincoln Mo.

