

K. 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.

SEP 25 1931

223442

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

Do not use this space.

223442

1. PLACE OF DEATH

County Perry
Township St. Marys
City St. Marys (No.)

Registration District No. 663
Primary Registration District No. 5881

File No.
Registered No. 5
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)

Mary E. Tucker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Tucker, dec'd.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 26, 1858</u>		
7. AGE <u>73</u>	YEARS <u>0</u>	MONTHS <u>6</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) <u>Perry Co Mo</u> (STATE OR COUNTRY)
10. NAME OF FATHER <u>Sylvester Layton</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Perry Co</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT <u>Fred Tucker</u> (Address) <u>Silver Lake</u>
15. FILED <u>61</u> 19 <u>31</u> <u>Hy J Duvall</u> REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1-1931
17. I HEREBY CERTIFY, That I attended deceased from May 31, 1931, to June 1, 1931, that I last saw alive on May 31, 1931, and that death occurred, on the date stated above, at 10 41 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Angina Pectoris
944944
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 3 ds.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
0 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. Neident, 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 <u>Silver Lake Cem.</u>	DATE OF BURIAL <u>June 2 1931</u>
20. UNDERTAKER <u>Zellmer + Young</u>	ADDRESS <u>Perryville Mo</u>

