

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

Do not use this space.

41271

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Madison Primary Registration District No. 3020
 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME Sara Inez Tucker

(a) Residence, No. 230 Cleveland St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Judson Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1907

7. AGE YEARS 73 MONTHS 1 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethiopia
New York

FATHER 13. NAME Harrison Fuller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
New York

MOTHER 15. MAIDEN NAME Anna Van Order
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
New York

17. INFORMANT (ADDRESS) Earl Tucker
Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Dec. 18, 1931

19. UNDERTAKER (ADDRESS) Knell Mortuary
Carthage, Missouri

20. FILED Dec. 17, 1931 O. H. Hetcham
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1931, to Dec. 16, 1931
 I last saw h. alive on Dec. 16, 1931. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Dec. 13
G.I.A. J.P.A.
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chimeric Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. A. Hyster M. D.
 (Address) Carthage Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

