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.

JUN 23 1932

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

Do not use this space.

16659

1. PLACE OF DEATH

56 County Lewis — Registration District No. 478 — File No.

Township Highland — Primary Registration District No. 3642 — Registered No. 13

City Tolona (No. ..... St. ..... Ward)

2. FULL NAME Anna Stucky

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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: Jacob Stucky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24 1859

7. AGE: 72 YEARS, 9 MONTHS, 20 DAYS. 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.: At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grindelwald Switzland 268

FATHER

13. NAME: Abram Jossi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Miss Inabnet.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Bertha Crist Taylor Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lewistown DATE: May 17 1932

19. UNDERTAKER (ADDRESS): Thomas Ball Ewing Mo

20. FILED May 30 1932 Anna K. Ball Dept. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 14, 1932

I last saw her alive on May 13, 1932. Death is said to have occurred on the date stated above, at 5:30 P m.

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

	Date of onset
Cerebral Hemorrhage	5/11/32
A cumulative	
with right sided	
Hemiplegia	

Other contributory causes of importance:

Name of operation: no Date of

What test confirmed diagnosis? none 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? none (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) J. C. Brown, M. D.

(Address) Lewistown Mo