

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.

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

Do not use this space.

38214

1. PLACE OF DEATH  
 County Adair Registration District No. 1023  
 Township Clay Primary Registration District No. 5004  
 City (No. ....) St. .... Ward ....

2. FULL NAME Leroy C. Mucker  
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24 - 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
<u>75</u>	<u>4</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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) Adair Co. Mo.

FATHER

13. NAME Martin Mucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

MOTHER

15. MAIDEN NAME Martha M. Clankam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Paul Miller  
(ADDRESS) Trachen, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Bethel DATE 1/81 1932

19. UNDERTAKER F. P. Ealy  
(ADDRESS) Trachen, Mo.

20. FILED Dec 31 1932 Martha M. Kennedy  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932 to Dec 29, 1932  
 I last saw him alive on Dec 29, 1932 Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia Dec 14

Influenza 1

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
 If so, specify .....  
 (Signed) M. F. Kennedy ..... M. D.  
 (Address) Kirkcull, Mo.

JAN 21 1933

