

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

Do not use this space.

38434

File No. 30
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
10 County Cape Girardeau Registration District No. 79
6 Township Burns Primary Registration District No. 4047
3 City Sturgeon (No. _____) St. _____ Ward _____

2. FULL NAME Lucinda E. Tucker
(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)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-6-1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 1 16

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

13. NAME James Devenport

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

17. INFORMANT (ADDRESS) B. R. Tucker
Sturgeon, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE 12/23/1932

19. UNDERTAKER (ADDRESS) Sims & Barnes
Sturgeon, Mo

20. FILED 12/23/1932 E. N. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1932, to Dec 21 1932
I last saw her alive on Dec 20 1932 Death is said to have occurred on the date stated above, at 12 m.

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

Chronic Bronchitis - Influenza
Influenza
Broncho Pneumonia

Date of onset 1930
Date of death Dec 18 32

Other contributory causes of importance: 110

Name of operation _____ Date of _____

What test confirmed diagnosis? Stethoscope 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 _____ 1932

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) A. M. Lucas M. D.
(Address) Sturgeon 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.

JAN 21 1933

