

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.

6814

1. PLACE OF DEATH  
 2. County New Madrid Registration District No. 274  
 3. Township ..... Primary Registration District No. 4063  
 3. City Libourne (No. .... St. .... Ward .....  
 2. FULL NAME Cora J. Tucker  
 (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 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 .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 - 1858  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 3 19  
 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) Mo.  
 FATHER  
 13. NAME Chas. Keyzee  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 MOTHER  
 15. MAIDEN NAME Lucy Galley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT Mary Ann Case  
 (ADDRESS) Libourne Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE ..... DATE ..... 19  
 19. UNDERTAKER Hill Bros  
 (ADDRESS) Libourne Mo.  
 20. FILED Feb 28, 1933 E. E. Jones  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1933  
 2. I HEREBY CERTIFY, That I attended deceased from Feb 26 1933, to Feb 26 1933.  
 I last saw him alive on Feb 26 1933. Death is said to have occurred on the date stated above, at 10:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
80% A 80% A  
 Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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) Charles M. Jones , M. D.  
 (Address) Libourne Mo.

