

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.

## 1. PLACE OF DEATH

79 County Perry  
 Township Captial  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 660  
 Primary Registration District No. 5878

File No. 8 6742  
 Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Henry J. Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1861

7. AGE YEARS 71 MONTHS 3 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 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) Perry, Mo.13. NAME Louis Maternsky14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.15. MAIDEN NAME Theresa Dean16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.17. INFORMANT Larry Tucker (ADDRESS) Perryville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Feb. 13, 193319. UNDERTAKER Wright & Endres (ADDRESS) Perryville, Mo.20. FILED 2/15/33 Re. J. Mark Registrar.

## 4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1933

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933 to Feb 11, 1933  
 I last saw her alive on Feb 10, 1933 Death is said

to have occurred on the date stated above, at 4 P. M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis  
Chronic Bronchitis  
Pneumonia  
Chronic Myocarditis  
 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 \_\_\_\_\_, 1933

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) Oscar A. Canon, M. D.  
 (Address) Perryville, Mo.

Date of onset  
Autumn  
Summer  
Spring  
Winter

