

WHITE PLAIN, 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.

JUN 24 1933

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

Do not use this space.

18650

1. PLACE OF DEATH

County Shannon Registration District No. 1117
Township Blair Creek Primary Registration District No. 6089
City (No. St. Ward)

File No. 1
Registered No. 1125

2. FULL NAME

Estina 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1933

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

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

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) Lang ma

13. NAME John Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas, Co. Ohio

15. MAIDEN NAME Martina Conway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis, Co. ma

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blair Creek cemetery Feb 27 1933

19. UNDERTAKER (ADDRESS) John D. ... Lang ma

20. FILED May 22 1933 Quay Jackson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19, I last saw him alive on, 19. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

200B
200B
Date of onset

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. D. (Address)

