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

Do not use this space.
28956

1. PLACE OF DEATH
County: Cape Girardeau
Township: Byrd
City: Jackson (No. ..... St. ..... Ward)

Registration District No. 124
Primary Registration District No. 4010

File No. .....
Registered No. 37

2. FULL NAME: Malinda 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.

16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 28, 1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	94	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Bollinger Co, Mo

PARENTS
10. NAME OF FATHER: William McGuire
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Louisa Howard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. J. E. Tilley
(Address): Jackson, Mo.

15. FILED 9-5, 1933 D. G. Seibert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 4 1933

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927 to Sept 4, 1933, that I last saw her alive on Sept 3, 1933, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Fractured Hip about 6
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home
DID AN OPERATION PRECEDE DEATH? No DATE OF: X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) D. G. Seibert, M. D.
9-5, 1933 (Address) Jackson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Russell Heights Cemetery	Sept 6 1933
20. UNDERTAKER	**ADDRESS**
Cracraft-Miller	Jackson, Mo.

OCT 20 1933

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.