2 1934

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.

424

File No. .....

Registered No. 21

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125

Township " " — Primary Registration District No. 3009

City " " (No. 130 So Spring St. ..... Ward)

2. FULL NAME Clara Orell Tucky

(a) Residence, No. 130 So Spring St., ... Ward. (If nonresident, give city or town and State)
(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.

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 H F Tucky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-18-1860

7. AGE: Years 73 — Months 11 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Oak Ridge Mo

FATHER

13. NAME Scott Ried

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Buck

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

17. INFORMANT Eunis Kinder (ADDRESS) White Water Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Cmt DATE 1-21 1934

19. UNDERTAKER Hangis Funeral Home (ADDRESS) Cape Girardeau Mo

20. FILED 1-20 1934 Fred Kampeter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-19 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/25 1933, to 1/19 1934

I last saw her alive on 1/18 1934. Death is said to have occurred on the date stated above, at 12:20 a.m.

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

Myocarditis — Date of onset 12/25/33

Other contributory causes of importance: Influenza & Pneumonia

Name of operation None — Date of .....

What test confirmed diagnosis? Heart Injury — 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) O L Beaubaugh, M. D.

(Address) Cape Girardeau Mo