

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

Do not use this space.

25832

1. PLACE OF DEATH

County Perry
Township St. Marys
City (No. _____) _____

Registration District No. 663
Primary Registration District No. 5881

File No. 8
Registered No. 8
St. _____ Ward _____

2. FULL NAME Elizabeth Tucker

(a) Residence, No. Near Silver Lake Mo 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. P. Tucker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18, 1857</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>3</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-wife</u>
	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 County

13. NAME John C McBride

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Theresa McCauley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Hubert Tucker
(ADDRESS) Silver Lake, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Hope Cem. DATE 8/2/34 19__

19. UNDERTAKER Young & Fenwick Und.
(ADDRESS) Perryville, Missouri

20. FILED 8 2 1934 Hy J Duwall
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31/34 19__

22. I HEREBY CERTIFY that I attended deceased from July 1 1933 to July 31 1934
I last saw h. ER alive on July 26 1934. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Chronic myocarditis Date of onset 2 years
Secondary Anemia

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 Occupational
(Signed) Osca Barron M. D.
(Address) Perryville, Mo.

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.

AUG 15 1934

