

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.

NOV 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Harrison
Township Madison
City Madison No.

Registration District No. 336
Primary Registration District No. 0471

File No. 35818
Registered No. 19
St. Ward

2. FULL NAME

Calvin Schabod Jucks

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Rake</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 17, 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>8</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stock & Grain</u>		
10. Date deceased last worked at this occupation (month and year) <u>July, 1934</u>		11. Total time (years) spent in this occupation <u>60</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ridgeway Mo</u>		
13. NAME <u>Eliza Juckis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Ohio</u>		
15. MAIDEN NAME <u>Taylor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Ky</u>		
17. INFORMANT (ADDRESS) <u>Cliff Jucks Ridgeway Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridgeway County</u> DATE <u>10/18/34</u>		
19. UNDERTAKER (ADDRESS) <u>Robert T. Orr Ridgeway Mo</u>		
20. FILED <u>10/17/34</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934, to Oct 16, 1934
I last saw him alive on Oct 16, 1934. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:
Cystitis ulcerative Date of onset

Other contributory causes of importance: 135

Name of operation Date
What test confirmed diagnosis? Autopsy examination 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) H. S. Duff, M. D.
(Address) Cainsville, Mo

