

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.

3
3
8

FEB 5 1935

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

Do not use this space.

1. PLACE OF DEATH

County Alexander
Township Jackie
City Jackie (No.)

Registration District No. 20
Primary Registration District No. 4014

File No. 38403
Registered No.
St. Ward

2. FULL NAME

Ida Belle Beck Mucks

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. M. Mucks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7 - 1869</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>-</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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) <u>Iowa</u>		
FATHER	13. NAME <u>Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Moore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Ray Kelle Jackie, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jackie Home Cemetery Jackie, Mo.</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>J. M. Pharis Jackie, Mo.</u>		
20. FILED <u>Nov 2</u> 19 <u>35</u> <u>C. W. Waring</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1934, to Nov 1 1934
I last saw her alive on Nov 1 1934 Death is said to have occurred on the date stated above, at 7:00 PM.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
due to
hypertension
Other contributory causes of importance:

Date of onset Oct 6-34

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) C. J. Goshell, M. D.
(Address) Jackie, Mo.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, hereby certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover
 Director