

JAN 14 1935

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

Do not use this space.

791  
1003

44814

1. PLACE OF DEATH

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City **ST. LOUIS** (No. **1217** **Hamilton** in St. .... Ward)

File No. ....  
Registered No. **11936**

2. FULL NAME

**Sarah Elizabeth Tucker**  
(a) Residence, No. **1217 Hamilton** in St. **5** Ward.  
(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. (If nonresident, give city or town and State)

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 **Mrs. P. Tucker**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 22 1857**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**77 0 25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years, months, days) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

13. NAME **George Calvin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Lusinda Kitzum**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Ida Tucker**  
(ADDRESS) **1217 Hamilton** in

18. BURIAL, CREMATION, OR REMOVAL PLACE **Palhalla Camp** DATE **12-19 34**

19. UNDERTAKER **Corral Undertaking Co.**  
(ADDRESS) **4468 Washington**

20. FILED **C 18 1934**  
**J. L. Beck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 17 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 17 1934** to **Dec 17 1934**

I last saw her alive on **Dec 16 1934** Death is said to have occurred on the date stated above, at **2:30** a.m.  
The principal cause of death and related causes of importance were as follows:

**Sept 17 1934**  
**Arterio Sclerosis**  
**Sept 17 1934**

Other contributory causes of importance:  
**Cystitis - non AB - non gonorr**  
**Urthral Carcinoma**  
**Cancer unknown 1934**

Name of operation **none** Date of.....  
What test confirmed diagnosis? **Stupor** 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 **none**  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify.....

(Signed) **D. M. Gibson** M. D.  
(Address) **4337 Washington Blvd**  
**at home**

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.

