

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

Do not use this space.

6641

MAR 28 1935

**1. PLACE OF DEATH**

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

City Farmington, Mo.

(No. .... St. .... Ward)

File No. ....

Registered No. 25

**2. FULL NAME** Effie Tucker

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-35, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

22. I HEREBY CERTIFY, That I attended deceased from 10-20-1933 to 2-3-35, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

I last saw h. or alive on 2-3-35, 19. Death is said to have occurred on the date stated above, at 3:17 pm.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 ? ? ?

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

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

Generalized pulmonary tuberculosis advanced bilateral with cavity formation -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Other contributory causes of importance: Chronic myocardial (Rt) was  
Dementia p. 3000

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) unknown

13. NAME Adolph Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Illinois

15. MAIDEN NAME Laura Keith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

17. INFORMANT Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville, Mo. DATE 2-5- 1934

19. UNDERTAKER Cozean Undertaking Co. (ADDRESS) Farmington, Mo.

20. FILED Feb 4 1935 V. J. Robinson Registrar.

Name of operation none Date of none

What test confirmed diagnosis? clin. lab 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? leo (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? leo

If so, specify G. J. Lewis

(Signed) G. J. Lewis, M. D.

(Address) St. Helens

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.

RECORD

THIS IS A PERMANENT RECORD

280  
2  
1

