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.

JUL 2 2 19..

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

Do not use this space.

19940

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township [illegible] — Primary Registration District No. 1002 — Registered No. [illegible]
City K. C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME Rachel Tucker
(a) Residence, No. 1322 E. 16th 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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1882
7. AGE YEARS 53 MONTHS 4 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ark.

FATHER
13. NAME Wiley Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

MOTHER
15. MAIDEN NAME Kitty Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) Belottrice Johnson 1507 E 17th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn DATE 6-25-1935

19. UNDERTAKER (ADDRESS) Sarver Crisp & Irving 1119 E. 18th St

20. FILED 9 25 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1935 to 6-16, 1935
I last saw her alive on 6-16, 1935 Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
Hypertensive Heart Disease
Other contributory causes of importance:
Cerebral Atheroma
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) [illegible] M. D.
(Address) General Hosp. #2