

SEP 20 1935

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

Do not use this space.

25196

1. PLACE OF DEATH

County GreeneRegistration District No. 318

File No. _____

Township SpringfieldPrimary Registration District No. 2001Registered No. 385City Nellie Violet TuckHospital Springfield Baptist Hospital

Ward _____

2. FULL NAME

(a) Residence, No. 2205 Jay

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

Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFClarence Tuck

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

Jan 28-1909

7. AGE

YEARS

26

MONTHS

6

DAYS

23If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House Wife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.In home10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

13. NAME

Andrew Thatt14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

15. MAIDEN NAME

Hattie Kirkpatrick16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.17. INFORMANT
(ADDRESS)Clarence Tuck
Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACERobberson Maus Aug 23 3519. UNDERTAKER
(ADDRESS)W. W. King and Co.
Springfield, Mo.

20. FILED

8-25-1935R. W. Targenton
Registrar

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

8/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from

8/14, 1935, to 8/21, 1935I last saw h. o. alive on 8/21, 1935. Death is saidto have occurred on the date stated above, at 10 a.m.

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

Staphylococcus Peritonitis

Date of onset

Followingacute appendicitis

Other contributory causes of importance:

acute salpingitisName of operation Appendectomy Date of 8/19/35What test confirmed diagnosis? oper. 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 _____

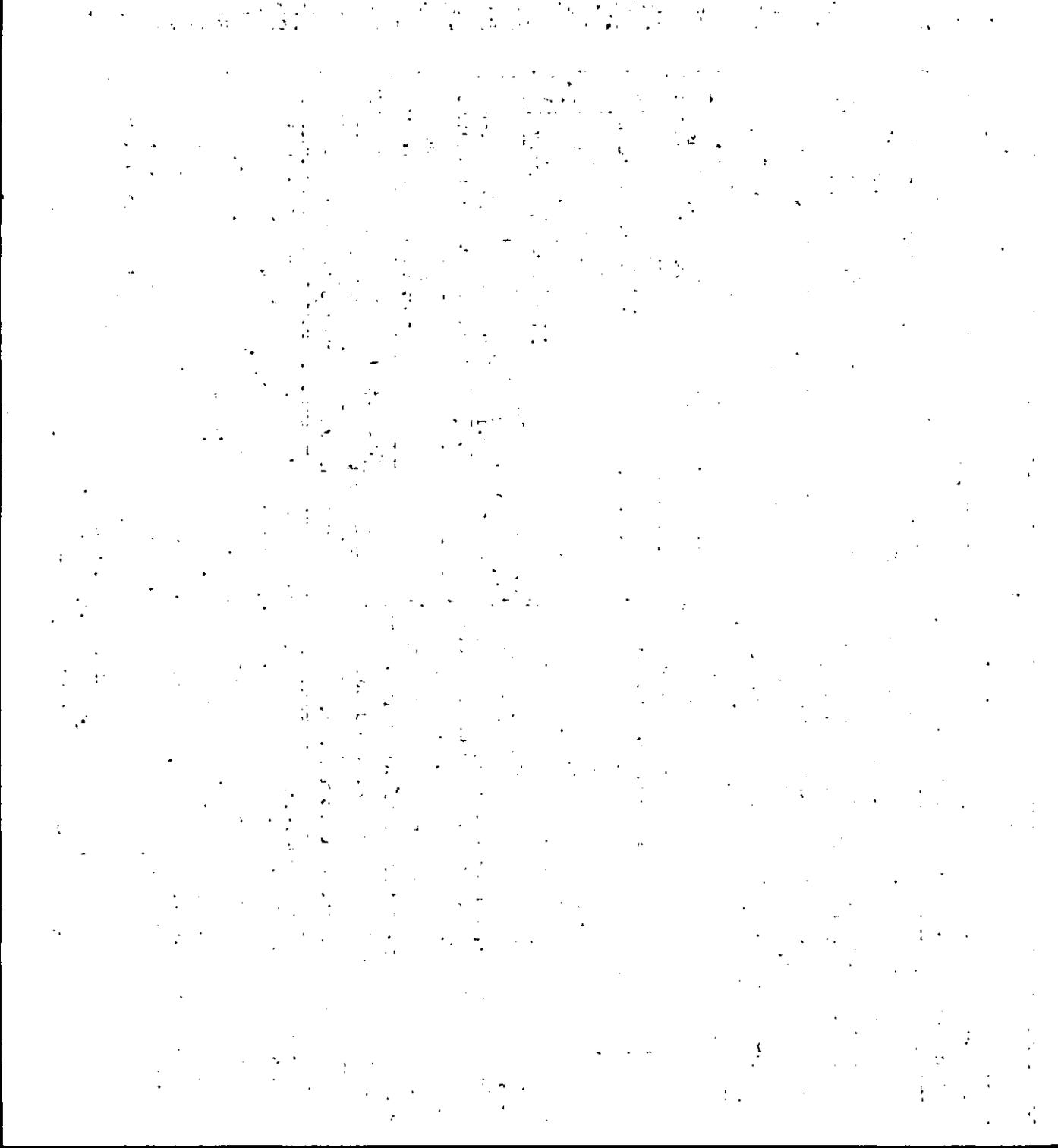
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. Med. White, M. D.(Address) 222 1/2 E. Commercial

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.



OCT 18 1935

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