

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

Do not use this space.

36216

DEC 26 1935

**1. PLACE OF DEATH**

County JACKSON Registration District No. 1300  
Township RAW Primary Registration District No. 1300  
City KANSAS CITY (No. 3220; BROOKLYN)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. 1300 Ward \_\_\_\_\_

**2. FULL NAME**

MRS. JENNIE WEBB TUCKER

(a) Residence, No. 3220-BROOKLYN St., \_\_\_\_\_ Ward. \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-1-1862

7. AGE YEARS 73 MONTHS 0 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME  
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) WAVERLY (STATE OR COUNTRY) MISSOURI

13. NAME JOHN S. WEBB

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

15. MAIDEN NAME LUCY J. WEBB

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT MRS. R. LEE DRUMMOND (ADDRESS) 3620 OLIVE ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE WAVERLY MISSOURI DATE NOV-23 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 11-22 1935 M. M. Crowe, M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8 1935 to 11-21 1935  
I last saw her alive on 11-21 1935. Death is said to have occurred on the date stated above, at 3:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Myocardial failure  
Pulmonary oedema  
Other contributory causes of importance: Cor. coronary disease  
946

Date of onset 11-8-35  
11-8-35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.  
(Address) Kansas City, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Harry J. Rowley  
626 Lathrop Bldg. 1005 Grand  
11-3