

JAN 13 1966

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

Do not use this space.

38136
10202

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis No. 3534 Laura St. Ward) **21**

2. FULL NAME

Annie Mae Tucker

(a) Residence, No. 3534 Laura St., 21 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 <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-59</u> <u>1896</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>		
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) <u>Smithton mo</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Sarah</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smithton mo</u>		
17. INFORMANT (ADDRESS) <u>Clarence Tucker</u> <u>3534 Laura Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton mo</u> DATE <u>Dec. 4</u> 19 <u>55</u>		
19. UNDERTAKER (ADDRESS) <u>A. F. Walton</u> <u>2907 Standard St</u>		
20. FILED <u>3 1955</u> 19 <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30, 1955

22. I HEREBY CERTIFY. That I attended deceased from June 1935, to Date, 19.....
I first saw her alive on 11-30, 1935. Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
Carcinomatous
Date of onset ?

Other contributory causes of importance:
48

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?
If so, specify
(Signed) One James J. [Signature] M. D.
(Address) 630 E. [Signature]

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.

