

JAN 17 1936

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

Do not use this space.

40128

1. PLACE OF DEATH

County Lawrence Registration District No. 491
Township Pierce Primary Registration District No. 4284
City Pierce City (No.) St. Ward)

File No. F
Registered No. 33

2. FULL NAME

Dorothy Louise 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

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 - 1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pierce City (STATE OR COUNTRY) Mo.

13. NAME Lee Tucker

14. BIRTHPLACE (CITY OR TOWN) Pierce City (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elizabeth Palmer

16. BIRTHPLACE (CITY OR TOWN) Pierce City (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Bertha Palmer (ADDRESS) Pierce City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cem. DATE 12/10 1935

19. UNDERTAKER Wm. Wispull (ADDRESS) Pierce City Mo.

20. FILED Dec 17 1935 E. B. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/29, 1935, to 12/9, 1935
I last saw her alive on 12/9, 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cremation birth (7 months) (Do not know cause)
Date of onset

Other contributory causes of importance ISA

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?
If so, specify

(Signed) E. B. Wright, M. D.
(Address) Pierce City Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

