

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

Do not use this space.

40806

JAN 21 1936

1. PLACE OF DEATH

County St. Francis Registration District No. 773
Township _____ Primary Registration District No. 4464
City Farmington (No. _____) St. _____ Ward _____

File No. _____
Registered No. 176

2. FULL NAME

Sarah Elizabeth Tucker
(a) Residence, No. 508 West Liberty 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 <u>F.</u>	4. COLOR OR RACE <u>W.</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> Rufus L. Tucker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2 1861</u>		
7. AGE YEARS <u>57 1/2</u>	MONTHS <u>0</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home wife</u>		
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) <u>Columbia Tenn.</u>		
13. NAME <u>R. P. Ledbetter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Haney Weems</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT <u>R. C. Tucker</u> (ADDRESS) <u>Farmington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington (Crem.)</u> DATE <u>12-26</u> 19 <u>35</u>		
19. UNDERTAKER <u>Richardson Funeral Home</u> (ADDRESS) <u>Farmington Mo.</u>		
20. FILED <u>Dec 26, 1935</u> <u>T. J. Robinson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1935, to Dec. 24 1935
I last saw her alive on Dec. 23 1935. Death is said to have occurred on the date stated above, at 10:05 P.M.
The principal cause of death and related causes of importance were as follows:
Gastric Cancer
Date of onset 1-1-33

Other contributory causes of importance:
Upto

Name of operation Aut. Gastro-enterostomy Date of Dec. 1935
What test confirmed diagnosis? _____ Was there an autopsy? no

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. P. Ledbetter, M. D.
(Address) Farmington 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.

