

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

Do not use this space.

240

FEB 17 1936

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township Washington Primary Registration District No. _____
City St. Joseph (No. 21 21 South 11th) St. _____ Ward _____

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME Mrs. Emma Bell Tucey

(a) Residence, No. 21 21 South 11th St., _____ Ward, _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1860
7. AGE YEARS 75 MONTHS 8 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Comerse (STATE OR COUNTRY) Missouri

13. NAME Ab. Hubbard

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

15. MAIDEN NAME Sarah Unknown

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

17. INFORMANT Ed Tucey (ADDRESS) 2121 South 11th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop, Mo. DATE Jan. 12, 1936

19. UNDERTAKER E. R. Sidenfaden Funeral Home (ADDRESS) 602 South 10th Street

20. FILED 1-10 19 36 John R. Bluder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1936, to Jan 9th, 1936
I last saw her alive on Jan 9th, 1936 Death is said to have occurred on the date stated above, at 8 A. M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset Jan, 1936
Chronic Myocardial Degeneration
Other contributory causes of importance: _____

Name of operation _____ Date of _____
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? No
If so, specify _____
(Signed) [Signature], M. D.
(Address) 224 Del Ave

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.

