FEB 20 1936

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

Do not use this space.

1419

1. PLACE OF DEATH
County Jackson
Township Dow
City K. C. Mo. (No. General Hosp #2 St. 3rd Ward)
Registration District No.
Primary Registration District No.
File No. 272
Registered No.

2. FULL NAME Alberta Tucker
(a) Residence, No. 1221 Highland 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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-17-1886
7. AGE YEARS 49 MONTHS 5 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) K. C. Mo.

FATHER
13. NAME Robt. Lynch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Deceased
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk General Hosp #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE Jan. 18, 1936
19. UNDERTAKER (ADDRESS) Watkins Bros Undt 1729 Lydia
20. FILED Jan 18, 1936 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14, 1936
22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1936, to 1-14, 1936
I last saw her alive on 1-14, 1936 Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:
Syphilitic Meningitis
Date of onset
34
Other contributory causes of importance: Summary Cord
Name of operation Date
What test confirmed diagnosis? Clinical & Lab. 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) A. O. Trowe, M. D.
(Address) General Hosp #2

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.