

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

Do not use this space.

9721

1. PLACE OF DEATH 1936
 County Appl. to Harrison Registration District No. 172
 Township Mendon Primary Registration District No. 4101
 City Mendon (No.) St. Ward

2. FULL NAME Bessie Mae Stuckey
 (a) Residence, No. St. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 5 0

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. School Girl

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) Mendon MO

13. NAME Clarence Stuckey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burnsview MO

15. MAIDEN NAME Eva Culbertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rupertville MO

17. INFORMANT (ADDRESS) Clarence Stuckey Mendon MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Mendon DATE 3/28 36

19. UNDERTAKER (ADDRESS) S. D. [unclear] Mendon MO

20. FILED 3/28 1936 W.D.W. Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1936 to Mar 27 1936
 I last saw h.e. alive on Mar 27 1936 Death is said to have occurred on the date stated above, at 5 p.m.
 The principal cause of death and related causes of importance were as follows:

"The" Pneumonia following

Date of onset

Other contributory causes of importance:

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 , 1936
 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) W. B. Lucas, M. D.
 (Address) Mendon MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

