

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

99 County Saline
 Township Liberty
 City..... (No..... Ward)

Registration District No. 801
 Primary Registration District No. 6045

File No. 17707
 Registered No. 23

2. FULL NAME Margaret Edith Tuckwiller

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from held inquest, 1937, to April 25, 1937

I last saw h. alive on, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27th, 1874

to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>34</u>	<u>62</u>	<u>5</u>	<u>8</u>	

Asphyxy

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

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.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Saline county
 (STATE OR COUNTRY) Missouri

13. NAME Francis Marion Hudson

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

15. MAIDEN NAME Mary S. Corum

16. BIRTHPLACE (CITY OR TOWN) Saline County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Tuckwiller
 (ADDRESS) Shackelford, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Grove Cem. DATE April 8th, 1937

19. UNDERTAKER J. H. Campbell
 (ADDRESS) Marshall, Mo.

20. FILED Apr 8, 1937 Rose C. Harrison
 Registrar.

Name of operation None 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) B. C. Bradshaw, M. D.
 (Address) Cross Rock Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

