

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

**11722**  
Do not use this space.

APR 22 1938

**1. PLACE OF DEATH**

(a) County Berry Registration District No. 663  
 (b) Township St. Marys Primary Registration District No. 555-1 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

Mary Cecilia Tucker 260  
 (a) Residence, No. R.F.D. #4, Berryville Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, give its county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Elliott Joseph Tucker  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1880  
 7. AGE YEARS 57 MONTHS 4 DAYS 26 If LESS than 1 day, .....hrs. or .....min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Berry County, Mo.

13. NAME William Dunker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Lukefahr  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry County, Mo.

17. INFORMANT (ADDRESS) C. J. Tucker  
Berryville, Mo. R.F.D. #4.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery, DATE March 30, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Berry Funeral Home  
Berryville, Mo.

20. FILED 3 29, 1938 W. J. Duwall  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1936, to March 27, 1938  
 I last saw her alive on 2-23, 1938 Death is said to have occurred on the date stated above, at 11:15 A.M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy.  
93°C.  
 Date of onset 3-27-38

Other contributory causes of importance:  
Chronic myocarditis 3 yrs.  
Hypertension  
General arteriosclerosis

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 \_\_\_\_\_, 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 Oscar Pearson, M. D.  
 (Signed) \_\_\_\_\_ (Address) Berryville, Mo.  
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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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Albert H. Berg*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed..... *Albert H. Berg* .....

Licensed Embalmer No..... *3866* .....

P. O. Address..... *Perryville, Mo.* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**