

REC'D MAR 21 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

7578  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Ralls  
 (b) Township Saverton  
 or  
 (c) City Hannibal

Registration District No. 726  
 Primary Registration District No. 6-9-5-7

Registered No. \_\_\_\_\_

(d) Street No. R.R. 3  
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 260 Anna Elizabeth Tucker

(a) Residence, No. R.R. 3 St. ☐  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 F.A. Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
53 11 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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) Mt. Sterling  
 (STATE OR COUNTRY) Illinois

13. NAME William Boss

14. BIRTHPLACE (CITY OR TOWN) Mt. Sterling  
 (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Isabel Sarratt

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

17. INFORMANT Husband  
 (ADDRESS) R.R. 3 Hannibal

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Antioch DATE 3/4/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home  
 (ADDRESS) 902 Broadway

20. FILED 3-2 1939 Blanche Meyers  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/39

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1939, to Mar 1, 1939  
 I last saw or alive on Mar 1, 1939. Death is said

to have occurred on the date stated above, at 6:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

Sabar Pneumonia

Date of onset

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) H. J. Waters, M. D.  
 (Address) New London, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-399

Date Filed MAR 10 1909

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, or by.....

J. J. Marsh L. E. 3932 and Louis Quest Registered Apprentice No. 150  
working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Mo.

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

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