

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

Do not use this space.

**10017**

**FILED MAR 19 1945**

**1. PLACE OF DEATH**

County Knott Registration District No. 169  
 Township \_\_\_\_\_ Primary Registration District No. 4262  
 City Knott City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 252

**2. FULL NAME**

FLORENCE TUCKER

(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 25 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-20 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>3</u>	<u>1</u>	

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

13. NAME Geo W. Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Martha Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quit Knott

17. INFORMANT W. H. Douse

(ADDRESS) Williamston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Knott City DATE Feb 23 1945

19. UNDERTAKER Quit Knott

(ADDRESS) W. Va.

20. FILED Feb 23 1945 Nelle Northrup Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1945

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1945 to Feb 21 1945

I last saw her alive on Feb 21 1945 Death is said to have occurred on the date stated above, at 22 m.

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

Acute Gastroenteritis Date of onset 2-20-45

Other contributory causes of importance:

Myocarditis  
 Name of operation 930 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? no

If so, specify \_\_\_\_\_

(Signed) Phillips, D.D. M. D.

(Address) Knott City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I certify that I understand  
the body of Mrs Florence Jones

Geo W Berkester

License # 1817

JUN 5 1945

Wyganski, Mrs

RECEIVED  
District Health Officer No. 10  
District File Number F-45-538  
Date Filed MAR 16 1945