

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

Do not use this space.

5936

1. PLACE OF DEATH

County Putnam
Township La Monte
City mo (No.)

Registration District No. 651
Primary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME

Mable B. Jucen

(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 16 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb = 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1930, to Feb 2, 1930. that I last saw her alive on Feb 1, 1930, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary embolism
1310
94 B

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 = 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 6 3

CONTRIBUTORY (SECONDARY) 9 (duration) yrs. mos. ds.
9 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. P. ..., M. D.

, 19 (Address) Sedalia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

La Monte mo Feb = 3 1930

20. UNDERTAKER ADDRESS

B. J. Turner La Monte mo

14. INFORMANT Roy L. Jucen
(Address) La Monte Mo

15. FILED 5663, 1930 B. S. Carson
REGISTRAR

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

PARENTS

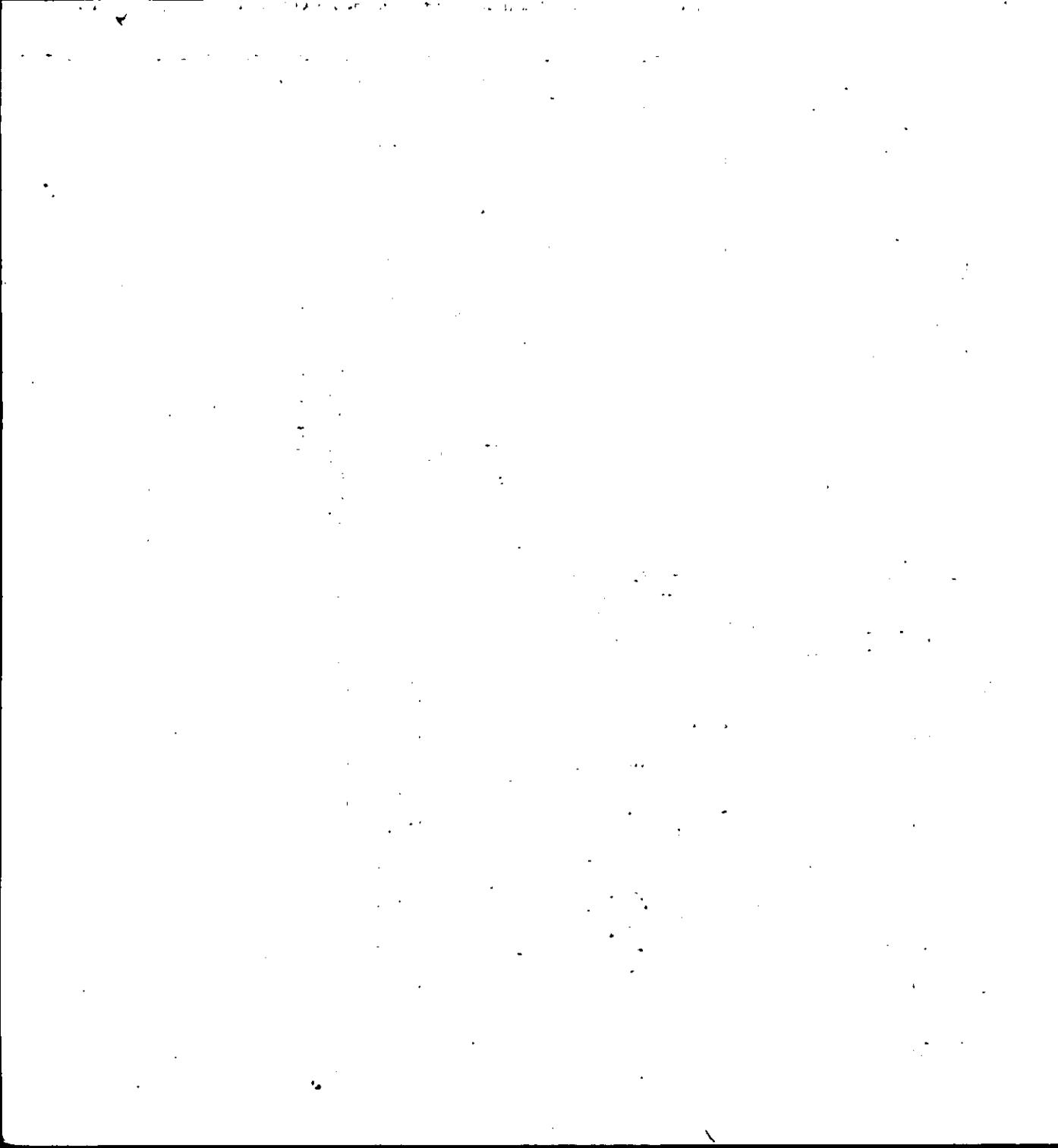
10. NAME OF FATHER Phillip B. Schnabel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo

12. MAIDEN NAME OF MOTHER Felicia M. Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jelly Mo

FEB 20 1930



Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Mable B. Tucker

Who died at: Pettis county on Feb. 9, 1930

Residence: No. Lomonte St. Mo
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 15 Months 4 Days 2

Sex: ~~Female~~ Color or race: white Single, married, widowed or divorced: married

Date of birth: July 27 - 1891 Age: Years 38 Months 6 Days 5

Occupation: (a) Trade Housewife (b) Industry: _____

Birthplace (State or country) Missouri

Birthplace of father (State or country) Missouri 117 B

Birthplace of mother (State or country) Missouri

CAUSE OF DEATH: Coronary Embolism

Contributory: operation for appendicitis X

Where was disease contracted? _____

5-5936