

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

Do not use this space.

2589

791
1003

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 1226 Dolman)

File No.
Registered No. 204
St. Ward)

2. FULL NAME Julia A. Tucker

(a) Residence, No. 1226 Dolman St. W Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 1 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) Missouri

13. NAME Russell T Mullins

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

15. MAIDEN NAME Diana Hunt

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

17. INFORMANT Beryl S. Beavers
(ADDRESS) 1414 Dillon

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE 2/6/34

19. UNDERTAKER (ADDRESS) C. H. McLaughlin
1631 Missouri Ave

20. FILED 1934 REGISTRAR J. P. Beck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1933, to Jan 4, 1934

I last saw her alive on Jan. 4, 1934 Death is said

to have occurred on the date stated above, at 12:50 PM

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

Pneumonia Lobar
Arteriosclerosis
Date of onset 1/4/34

Other contributory causes of importance:
Arteriosclerosis

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) F. E. Gault M. D.
(Address) 3320 Lo Grand

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.

1934

