

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

Do not use this space.

21200

**1. PLACE OF DEATH**

County Reynolds Registration District No. 324 File No. \_\_\_\_\_  
 Township Robberson Primary Registration District No. 5449 Registered No. 4  
 City Pleasant Hope (No. Pleasant Hope no # St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Pleasant Hope no # Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 Widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 - 1855

7. AGE YEARS 76 MONTHS 0 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

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) No \_\_\_\_\_

13. NAME Mrs. Tuck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va \_\_\_\_\_

15. MAIDEN NAME Anna Bond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va \_\_\_\_\_

17. INFORMANT (ADDRESS) E. W. Noble Pleasant Hope no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo. DATE June 4 1931

19. UNDERTAKER (ADDRESS) Willingham & Co Springfield Mo.

20. FILED June 15 1931 Mal Sanborn Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1931

22. I HEREBY CERTIFY That I attended deceased from April 10 1931 to June 2 1931  
 That saw him alive on April 21 1931. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Prigun Pcloxin Date of onset \_\_\_\_\_  
2. 94A  
162  
 Other contributory causes of importance: Age of essential changes

23. 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 \_\_\_\_\_  
 (Signed) J. B. M. Davis \_\_\_\_\_, M. D.  
 (Address) Willard Mo.

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. AUG 26 1931.

