

WRITE PLAINLY, WITH CAPS AND UNDERLINES. 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.

AUG 23 1933

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

Do not use this space.

22667

18 nurse

1. PLACE OF DEATH

County Coale
Township
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. 178
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Guaranda Jane Tucker
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Geo P Tucker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22-1860</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>Coales Co. Mo.</u>		
FATHER	13. NAME <u>John Brizudine</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Marie Epperson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>J. P. Tucker Jemo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>California No. July 31 33</u>		
19. UNDERTAKERS (ADDRESS) <u>Shawson Jemo</u>		
20. FILED <u>8/4/33</u> <u>_____</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1933

22. I HEREBY CERTIFY that I attended deceased from April 10 1933 to July 29 1933. I last saw him alive on July 29 1933. Death is said to have occurred on the date stated above, at 9:30 p.m. The principal cause of death and related causes of importance were as follows:
myocarditis
Cholera
Cholera
Arteriosclerosis
none
Date of onset _____

Other contributory causes of importance:
Cholera
Cholera
Arteriosclerosis

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? no Date of injury _____, 19____
Where did injury occur? home
(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) J. P. Tucker M. D.
(Address) Jefferson City Mo.

