

COMMUNISM AND KUKLUX
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MichoudsburgVol. No. DeemedRegistration District No. 1124File No. 19285

Inc. Town..... Primary Registration District No.

City..... (No.) St., Ward) (If death occurred in a hospital or institution give its name, location of street and number.)

FULL NAME Corra Aldine Tucker

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)DATE OF BIRTH 4 (Month) 25 (Day) 1884 (Year)AGE 2 yrs. 13 mos. 13 ds. IF LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Michoudsburg, Ky10 NAME OF FATHER E. J. Tucker11 BIRTHPLACE OF FATHER (State or country) Michoudsburg, Ky12 MAIDEN NAME OF MOTHER Louisa Henderson13 BIRTHPLACE OF MOTHER (State or country) Buster, Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature) John Obo Reed (Address).....15 Michoudsburg, Ky M. E. Bawley

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 8 (Day) 1914 (Year)17 I HEREBY CERTIFY, That I attended deceased from July 7, 1914, to July 8, 1914, that I last saw her alive on July 8, 1914, and that death occurred on the date stated above at.....m. The CAUSE OF DEATH* was as follows:Botch. Feb. Impunct.
Regimentary of acute form
(Duration) . yrs. mos. 3 . ds.Contributory (Secondary)..... (Duration)..... yrs. mos. ds. (Signed) J. S. Adams, M. D. July 8, 1914 (Address) Michoudsburg, Ky

*State the DISEASE CAUSING DEATH, or, if death from VIOLENCE CAUSE state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE

18 LENGTH OF RESIDENCE (For hospitals, institutions, transient or absent residents)..... in the State..... yrs. mos. ds. At place of death..... Where was disease contracted, if not at place of death? Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS