

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

PLACE OF DEATH
County New Madrid
Township West Registration District No. 603 File No. 42143
or Village _____ Primary Registration District No. 5799 Registered No. 64
or City Canalou, Mo (NO. _____ St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]
FULL NAME Albert Tucker

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH aug 13, 1875
(Month) (Day) (Year)
AGE 34 yrs. 3 mos. 12 ds. If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Ill 3-67

PARENTS
NAME OF FATHER Olijah Tucker
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill
MAIDEN NAME OF MOTHER Caroline Davis
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Franklin Co Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Robinson
(ADDRESS) Canalou, Mo

Filed Dec 8, 1911 J. O. Lambert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 25, 1911, to Nov 25, 1911, that I last saw him alive on Nov 25, 1911, and that death occurred, on the date stated above, at 11 A. am.

The CAUSE OF DEATH* was as follows:
Accident by explosion of dynamite

1945 (Duration) 186 mos. ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. mos. ds.
(Signed) A. L. Stepp M. D.
_____ 1911 (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Substant Mo DATE OF BURIAL Nov 27, 1911
UNDERTAKER Geo P. Bush ADDRESS Morchau

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Houswife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Cr..."); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("P...") unqualified, is indefinite); *Tuberculosis of lungs, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY,



PLACE OF DEATH

County New Madrid

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Township Miss.
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 603
Primary Registration District No. 5799

File No. 42143
Registered No. 64

[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]

FULL NAME

Albert Tucker

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
DATE OF BIRTH <u>Aug. 13</u> , 18 <u>75</u> (Month) (Day) (Year)		
AGE <u>34</u> yrs. <u>3</u> mos. <u>12</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Laborer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Nov. 25, 1911, to Nov. 25, 1911,
that I last saw him alive on _____, 1911,
and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:
Accident by explosion of
Dynamite

BIRTHPLACE
(City or town,
State or foreign country) Ill.

PARENTS

NAME OF FATHER <u>Elijah Tucker</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill.</u>
MAIDEN NAME OF MOTHER <u>Estaline Davis</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Franklin Co - Ill</u>

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. D. Stiff M. D.
Nov 26 1911 (Address) Canalau Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
If not at place of death? _____

Former or
usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Robinson
(ADDRESS) Canalau Mo.

PLACE OF BURIAL OR REMOVAL
Sikeston Mo.

DATE OF BURIAL
Nov. 27, 1911

UNDERTAKER
Mr. Pursh

ADDRESS
Warehouse

Filed Dec 25 1911 J. Hayhurst
REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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