

## 1. PLACE OF DEATH

County PerryTownship or Road Dist. } Bois Bruleor  
Incorp. Town  
or Village }  
or

City.....

Registration Dist. No. <u>1128</u>
Primary Dist. No. <u>5879-A</u>

No.....

St.; ..... Ward

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

2. FULL NAME Clara May Tucker

## 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>Single</u>
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6. DATE OF BIRTH <u>December</u> <u>7</u> , 19 <u>03</u> (Month) (Day) (Year)
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7. AGE <u>21</u> yrs. <u>16</u> mos. <u>16</u> ds. If LESS than 1 day, ..... hrs. OR ..... min.?
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8. OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer).....
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9. BIRTHPLACE (State or country) <u>Claryville, Mo.</u>
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PARENTS

10. NAME OF FATHER <u>Felix Tucker</u>
11. BIRTHPLACE OF FATHER (State or country) <u>Perryville, Mo.</u>
12. MAIDEN NAME OF MOTHER <u>Tresa Ann Cecil</u>
13. BIRTHPLACE OF MOTHER (State or country) <u>Silver Lake, Mo.</u>

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Felix Tucker(Address) Belgique Mo

15. Filed <u>Dec. 24</u> 19 <u>24</u> <u>J. H. Westman</u> <u>By</u> <u>John H. Westman</u> Registrar
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Missouri  
STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

## CERTIFICATE OF DEATH 35469

Registered No. 3

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH <u>December</u> <u>23</u> , 19 <u>24</u> (Month) (Day) (Year)
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17. I HEREBY CERTIFY, That I attended deceased from  
Dec 22, 1924 to Dec 23, 1924  
that I last saw h.e. alive on Dec 23, 1924  
and that death occurred, on the date stated above, at 7:00 p.m.  
The CAUSE OF DEATH\* was as follows:

Shock caused by burning One h  
half of body surface being  
burned  
181 (Duration) ..... yrs. .... mos. 2 ds.

Contributory (Secondary)..... <u>Spontaneous</u> (Duration) ..... yrs. .... mos. .... ds.
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(Signed) Spontaneous, M. D.(Address) Belgique, Mo.

Date..... 191... Telephone.....

18. 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 .....

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Belgique Mo Dec. 25, 1924

20. UNDERTAKER

ADDRESS

Fuelmer & Young Perryville Mo

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.?

tion, 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 *Housewife, 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

gitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, 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," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicæmia*," "*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.)

### The following list of indefinite terms will not be accepted as cause of death unless explained:

Abscess—Locate and describe.  
 Accident—Nature of (Coroner)?  
 Albuminuria—Disease causing?  
 Angina—Was it scarlet fever or diphtheria?  
 Ascites—Disease causing?  
 Asphyxia—Accidental, suicidal—cause?  
 Asthenia—State cause.  
 Atrophy—Cause of—tuberculosis, syphilis?  
 Auto { infection } Cause of?  
       { intoxication }  
 Bowel trouble—Name disease: diarrhoea, dysentery, enteritis, strangulation?  
 Blood poisoning—State cause.  
 Bottle feeding—What disease resulted?  
 Breaking down—What disease?  
 Cachexia—Cancer, syphilis, tuberculosis, malarial?  
 Cardiac { Asthenia }  
           { Debility } Not accepted.  
           { Failure }  
           { Weakness }  
 Collapse—From what?  
 Cold—Not accepted.  
 Childbirth—Physiological—what caused death?  
 Cellulitis—Give location and cause.

Coma—Cause { alcoholic?  
                   { opium, etc.?  
 Convulsions—Cause { epileptic—puerperal?  
                           { children, diarrhoea—enteritis?  
 Cramps—State cause of.  
 Cyanosis—Cause of.  
 Decline—State cause of.  
 Debility—From what disease?  
 Delirium { alcoholic?  
           { traumatic?  
 Dentition—Disease causing death?  
 Dropsy—Name disease causing?  
 Dyspepsia—What organic disease?  
 Eclampsia—State cause of convulsions.  
 Emphysema—State cause.  
 Exhaustion—State cause of.  
 External violence—What kind of?  
 Failure of vital powers—What disease?  
 Feebleness—What disease?  
 Gastritis—State cause of.  
 Heart failure—See cardiac.  
 Hemorrhage—What part, and cause?  
 Inanition—Cause of?  
 Insolation (under 24 hours) (Coroner)?  
 Jaundice—Disease causing?

Laparotomy—For what disease?  
 Malnutrition—Cause of?  
 Marasmus—What disease?  
 Milk infection { diarrhoea?  
                       { enteritis?  
 Miscarriage—State cause of.  
 Nervous { exhaustion } State  
           { fever } disease  
           { shock }  
 Operation—State part, and disease.  
 Old age—What disease?  
 Peritonitis—Cause of?  
 Pernicious anemia { malarial?  
                           { tuberculosis?  
                           { syphilis, etc.?  
 Pyæmia—Cause of?  
 Septicæmia—Cause of?  
 Shock—From what?  
 Surgical { operation } State disease.  
           { shock }  
 Syncope—State cause of.  
 Tetanus—State cause of.  
 Toxæmia—State cause of.  
 Uræmia—Acute or chronic nephritis?  
 Weakness—What disease?

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

**1. PLACE OF DEATH**

County Perry Registration District No. 1128 File No. \_\_\_\_\_  
 Township Box Grove Primary Registration District No. 5879a Registered No. 3  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Clara May Tucker  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7th 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 0 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Belleville Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Felix Tucker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perryville Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Ann Lucil

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belleville Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Felix Tucker  
 (Address) Belleville Mo.

15. FILED Dec 24 1924 Frank H. Westmann  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 19 24

17. I HEREBY CERTIFY, That I attended deceased from Dec 22nd to Dec 23, 1924.  
 that I last saw h. w. alive on Dec 23rd, 1924, and that death occurred, on the date stated above, at 5:40 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Shock caused by burning  
was washing, using a kettly out in  
yard and I was caught a fire.  
 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) William H. Bailey, M. D.  
 , 19 \_\_\_\_\_ (Address) Belleville Mo.

\*State the DISEASE CAUSING DEATH, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Belleville Mo. Dec 25th 1924

20. UNDERTAKER ADDRESS

Gottner & Young Perryville Mo.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

# 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 *Housewife, 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 "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.