

MAR 20 1928

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

Do not use this space.

1. PLACE OF DEATH

County Maxies
Township Jackson
City _____ (No. _____)

Registration District No. 542
Primary Registration District No. 5731

File No. 9 **5616**
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Virgil Lee Tuckett

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-14-1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 3 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employee) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Vienna, Mo
(STATE OR COUNTRY) _____

10. NAME OF FATHER Phillip Lewis Tuckett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vienna, Mo
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Ayatha Stover

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vienna, Mo
(STATE OR COUNTRY) _____

14. INFORMANT Phillip Lewis Tuckett
(Address) _____

15. FILED 2/6/28 James M. Eads REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-5-1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastritis
1048
1190
(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY swallowed concentrated lye
(SECONDARY) (duration) 2 yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. Did an operation precede death? _____ DATE OF _____

Was there an autopsy? _____

WHAT TEST CONFIRMED DIAGNOSIS? no physician present
(Signed) Phillip Lewis Tuckett father of child
, 19____ (Address) _____

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER John J. Jernigan

ADDRESS Vienna, Mo

