

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

Do not use this space.

14674

1. PLACE OF DEATH

County St. Louis Registration District No. 6537  
Township Central # Primary Registration District No. 2146  
City St. Louis (No. 2146 Oak Ave.)  
St. 123 (Ward)

2. FULL NAME

James Henry Tucker  
(a) Residence No. 2146 Oak Ave. Ward. (If nonresident give city or town and State)  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 2 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) West Virginia

PARENTS

10. NAME OF FATHER James Tucker

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Artie H. Tucker  
(Address) # 1128 Aubert

15. FILED 4/18 1928 at St. Louis W.D. Gray REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April, 16, 1928

I HEREBY CERTIFY, That I attended deceased from April 12, 1928 to April 16, 1928  
that I last saw him alive on April 16, 1928, and that death occurred, on the date stated above, at 12 noon.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho pneumonia  
10 yrs  
77 / 100W (duration) yrs. mos. 5 ds.  
CONTRIBUTORY arteriosclerosis  
(SECONDARY) (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) D. C. Basserman, M. D.

4/17 - 1928 (Address) 6123<sup>rd</sup> Easton ave

\*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 Macedonia, Mo. DATE OF BURIAL 4-18-1928

20. UNDERTAKER C. R. Lipton ADDRESS Street #4449

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.

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