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

Do not use this space.

20239

JUL 26 1928

1. PLACE OF DEATH

County Cooper — Registration District No. 219 — File No. Ia

Township ~~Kelley~~ — Primary Registration District No. 4132 — Registered No. 16

City Bunceton (No. ..... St. ..... Ward)

2. FULL NAME Ralph A Tuckley

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	2	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Disabled Soldier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bunceton MO
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Tuckley

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

12. MAIDEN NAME OF MOTHER Grace Force

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

14. INFORMANT Edger Tuckley
(Address) Bunceton MO

15. FILED 7/17 1928 Hattie Popkin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1928, to June 12th 1928 that I last saw him alive on June 12th 1928, and that death occurred, on the date stated above, at 12 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs
23A
Several Years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Several Years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? On the World War
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr W H Elliott, M. D
, 19 (Address) Bunceton MO

*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
Versales MO 6-14-28	19
20. UNDERTAKER	ADDRESS
L.G. Parker Bunceton MO	

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.