

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

Do not use this space.

35319

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. _____

Township Springfield

Primary Registration District No. 1943

Registered No. 754

City Springfield (No. 1943)

1943 National Boulevard

St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1943

(Usual place of abode)

Roy W. Tuckness
National Boulevard (North)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write in word)

Single

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

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

Sept 17 - 1909

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>19</u>	<u>1</u>	<u>13</u>	

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

Barber

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

A. G. Tuckness

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Oliva Fullerton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ark

14. INFORMANT

(Address)

A. G. Tuckness
Springfield, Mo.

15. FILED

19 28

Oct 28
10-31-28

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Oct 30 19 28

17.

HEREBY CERTIFY That I attended deceased from Oct 27, 1928, to Oct 30, 1928 that I last saw him alive on Oct 27, 1928, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Broncho pneumonia
1026
1028

CONTRIBUTORY (SECONDARY)

Influenza bronchitis
(duration) yrs. mos. 3 da.
(duration) yrs. mos. 17 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Clinical
Arthur Skrabk, M. D.
10-31, 19 28 (Address) 450 1/2 E. Court

*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

Pleasant Hope Cemetery Oct 31, 19 28

20. UNDERTAKER

J. W. Lingner & Co 427 E. Court St
Springfield, 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.

WHILE THE BODY IS WITHIN THE JURISDICTION OF THE BOARD OF HEALTH

