JAN 23 1929

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

Do not use this space.

Bureau of Vital Statistics 40259

1. PLACE OF DEATH
County: Greene — Registration District No.: 318
Township: — Primary Registration District No.: 2001
City: Springfield (No. 515 E Harrison St., Ward)

File No.:
Registered No.: 865

2. FULL NAME: W. E. Tucker
(a) Residence. No. 515 E. Harrison 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF: Cora Tucker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 6 1846

7. AGE: Years 82 | Months 9 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dentist
(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): Jefferson Tenn Ky

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Ralph Anderson
(Address): Springfield Mo.

15. FILED 12-14 1928 Ofc. Horst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-11 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/6/28 to 12/11 1928 that I last saw him alive on Dec 11 1928, and that death occurred, on the date stated above, at 9 40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11B Influenza
77
162
110 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Arteio-Sclerosis
General Paralysis (duration) 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
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. D. Ballerson, M. D.
12/12 1928 (Address) Springfield 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: Maple Park — DATE OF BURIAL: 12-13 1928

20. UNDERTAKER: Alma Lohmeyer — ADDRESS: 534 St Louis

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.