

MAR 2 1929

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

Do not use this space.
5688

1. PLACE OF DEATH
County Callaway Registration District No. 104
Township _____ Primary Registration District No. 3008
City Fulton (No. _____) St. _____ Ward _____
2. FULL NAME Jobner Tucker
(a) Residence. No. Ray Co Mo. 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. 7 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 - - -
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common labor
(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) Randolph Co, Mo
10. NAME OF FATHER Albert Tucker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER No information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT State Hospital Records
(Address) Fulton Mo

15. FILED Feb 14 1929 R. N. Crenshaw REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febry. 14 - 1929
17. I HEREBY CERTIFY That I attended deceased from July 14 - 1928 to Febry 14 - 1929
that I last saw him alive on Febry - 13 - 1929, and that death occurred, on the date stated above, at 5:45 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplexy on 1/14/29
arteriosclerosis
CONTRIBUTORY (SECONDARY)
(duration) yrs. _____ mos. 5 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 Symp?
(Signed) J.R. Frazer M. D.
2-14-1929 (Address) Fulton State Hospital

*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 Mc Donald Cem DATE OF BURIAL 2-17-29
19

20. UNDERTAKER Richmond Mo ADDRESS Richmond Mo
C. W. Mansur

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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