WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

6467

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1277

City St. Louis mo (No. St. Mary's Infirmery St. ..... Ward)

2. FULL NAME Tom (Tucker) Tucker

(a) Residence. No. 1017 Grotton St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26-1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	42	5	9	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

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

14. INFORMANT Ida Tucker
(Address) 1017 Grattan St

15. FILED ..... 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 5 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 7 - 15, 1929, to 1 - 5, 1930 that I last saw him alive on 2 - 5, 1930, and that death occurred, on the date stated above, at 4:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

80 a) Tobes Dorsalis
93C b) Chronic Emphysema
113

(duration) a) 4 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cw - Myocarditis

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) [signature], M. D.
2-5, 1930 (Address) 1836 Popin St

*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
St. Mathews Cemetery	2-7 1930
20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo. ave.