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

Do not use this space.

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40426-

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Clark. Registration District No. 189

Township Clay. Primary Registration District No. 5-275-

City near Alexandria, Mo. St. ..... Ward)

2. FULL NAME William J. Tucker.

(a) Residence. No. ..... 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	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~~ Emma Schreiber Tucker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	10	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(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) Brown County Ohio

PARENTS

10. NAME OF FATHER Wyllie Tucker.

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

12. MAIDEN NAME OF MOTHER Eliza Koh.

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

14. INFORMANT Mrs. W. J. Tucker.
(Address) Alexandria, Mo

15. FILED 12/6, 1931 D. F. A. S. Reb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Dec. 1931 that I last saw h. alive on Dec 10, 1931, and that death occurred, on the date stated above, at 12.40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilatation of Heart and Chronic Nephritis

131
95 B
112

(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) asthma

(duration) 20 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. O. Stroniider, M. D.

, 19 (Address) St Francisville

*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 Neuman

DATE OF BURIAL When Signed Dec 10 1931

20. UNDERTAKER H. Fischer

ADDRESS Wayland

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.

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

JAN 28 1932

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