

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

Do not use this space.

28416

1. PLACE OF DEATH

County Barry
Township _____
City Purdy (No. _____)

Registration District No. 31
Primary Registration District No. 4022

File No. _____
Registered No. 24 St. _____ Ward)

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tierrea E. Tucker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1, 1850</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>11</u>
		DAYS
		<u>9</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER FATHER 13. NAME John Tucker.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Mary Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Della West
(ADDRESS) Ill. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Church DATE 9-12 1932

19. UNDERTAKER Blankenship
(ADDRESS) Ill. Mo.

20. FILED 9-11 1932 Matth Blankenship
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug 30th, 1932, to Sept 10th, 1932.
I last saw him alive on Sept 9th, 1932. Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Asthma and Heart Disease
Date of onset _____
95 B 9 15 B
110 B 9 15 B
Other contributory causes of importance: Plurisy

23. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) B. B. Hill, M. D.
Purdy Mo. (Address)

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.

SEP 21 1932

5-4-1

