

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.

NOV 26 1932

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

Do not use this space.

33380

1. PLACE OF DEATH
 County St. Genevieve County, Registration District No. 934
 Township Sallow, Primary Registration District No. 6026
 City Spartan (No. _____) St. / _____ Ward _____

2. FULL NAME Mr. Thomas Edward Puckston
 (a) Residence, No. St. Louis in Sallow, Spartan in Sallow Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Puckston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 - 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81</u>	<u>6</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve County, Mo.

FATHER

13. NAME Joseph B. Puckston

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

MOTHER

15. MAIDEN NAME Margaret Andrews

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

17. INFORMANT (ADDRESS) Mr. J. Jeff. Puckston

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Redbury Chapel DATE Oct 8 1932

19. UNDERTAKER (ADDRESS) Kilman W. Hood, Star River, Mo.

20. FILED 1020 1932 Wanda Kelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1932 to Oct 2 1932
 I last saw him alive on Sept 27 1932 Death is said to have occurred on the date stated above, at 3:09 a.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
84 A
167
 Date of onset Aug 16 32

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

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? No
 If so, specify _____
 (Signed) G. B. Perkins M. D.
 (Address) Farmington Mo

