

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.

MAR 3 1933

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

Do not use this space.

2631

1. PLACE OF DEATH

79

County Putnam

Township Cattell

City Putnam

Registration District No. 660

Primary Registration District No. 5878

File No. 3

Registered No. 2631

St. Putnam Ward 1

2. FULL NAME

(a) Residence, No. Putnam St. Putnam Ward 1

(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

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Philomene Tucker

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

April 22-1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

87

8

25

OCCUPATION

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

Retired Farmer

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)

Putnam Co Mo

FATHER

13. NAME

Joshua Tucker

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

Putnam Co Mo

MOTHER

15. MAIDEN NAME

Sarah A. Miles

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

Putnam Co Mo

17. INFORMANT (ADDRESS)

Fred Tucker Putnam Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Hope Church DATE 1-19 1933

19. UNDERTAKER (ADDRESS)

Yellow & Hairy Putnam Mo

20. FILED

118 33 Putnam Mo Registrar John D. Tucker

MEDICAL CERTIFICATE OF DEATH

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

Jan 17th 1933

22. I HEREBY CERTIFY That I attended deceased from

Jan 17th 1933 to Jan 17th 1933

Last saw him alive on Jan 17th 1933 Death is said

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Infirmities of old age

Other contributory causes of importance:

16

Name of operation

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

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) W. H. Barker, M. D.

(Address) Putnam Mo.

