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.

JUL 22 1933

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard. Registration District No. 838 File No. 22075
Township Primary Registration District No. 4509. Registered No. 32
City Dexter (No. , St. Ward)

2. FULL NAME Francis Marion Tucker

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 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 Lillie May Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-25-1868

7. AGE Years 64 Months 10 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (month and year) May-1933
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leora Mo.

FATHER
13. NAME Tom Tucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milam Tenn

MOTHER
15. MAIDEN NAME Jane Bacon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O.K.

17. INFORMANT (ADDRESS) Harry E. Tucker Dexter Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter Cemetery DATE 6-22-1933

19. UNDERTAKER (ADDRESS) C.O. Bigg + Co. Dexter Mo.

20. FILED 6-20, 1933 Mrs Alice Norman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May-21-, 1933, to June-20-, 1933
I last saw him alive on June-19-, 1933. Death is said to have occurred on the date stated above, at 10/30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia following infected Compound fracture of right leg.	
210A	200

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-21-, 1933
Where did injury occur? Dexter Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On public highway #25
Manner of injury Struck by Motor car
Nature of injury Comp. fracture Tibia and fibula.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank LaRue, M. D.
(Address) Dexter Mo.