

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

Do not use this space.

25749

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph, Mo. (No. Route # 7) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Route # 7 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 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>Adeline Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18, 1855</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>4</u>
	DAYS <u>24</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>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) West Virginia

FATHER 13. NAME John Ira Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Virginia

MOTHER 15. MAIDEN NAME Rebecca Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Virginia

17. INFORMANT (ADDRESS) Dr. J. J. Suckler St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballack, Mo. DATE Aug 13, 1933

19. UNDERTAKER (ADDRESS) Egleman Mortuary, Inc. St. Joseph, Mo.

20. FILED Aug 13, 1933 J. J. Suckler Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 - 1932 to Aug 12 - 1933
 I last saw him alive on Aug 12, 1933 Death is said to have occurred on the date stated above, at 2:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Periosteal Anemia Date of onset 1928
714
97 71a
 Other contributory causes of importance:
arterio-sclerosis
(General)

Name of operation _____ Date of _____
 What test confirmed diagnosis Clival 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? _____
 If so, specify _____
 (Signed) John J. Suckler, M. D.
 (Address) St. Joseph, Mo.

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 26 1933

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