

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

Do not use this space.

33998

1. PLACE OF DEATH

County *Ferris cott.*
Township *Littlesprarie*
City *Wardell* (No. _____) St. _____ Ward _____

Registration District No. *1094*
Primary Registration District No. *2468*

File No. _____
Registered No. _____

2. FULL NAME

Silas Tucker

(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 *2* 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

Colored

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

Widowed

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

Widowed

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

68

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

no

10. Date deceased last worked at this occupation (month and year)

all life

11. Total time (years) spent in this occupation

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

Whiteville, Tenn

13. NAME

John Tucker

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

DK

15. MAIDEN NAME

DK

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

West Memphis

17. INFORMANT (ADDRESS)

S. L. Tucker

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wardell

DATE

10-29

19. UNDERTAKER (ADDRESS)

Roy Smith

20. FILED

10-10

Opal Weese

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-28*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *10-28*, 19*33*, to *10-28*, 19*33*

I last saw him alive on *10-28*, 19*33* Death is said to have occurred on the date stated above, at _____ m.

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

Comatose Malaria

Date of onset

38

Other contributory causes of importance:

38

Name of operation *none* 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? *no* 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 *none*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *S. H. Denton*, M. D.

(Address) *Wardell, Tenn*

NOV 10 1933

Property Classified. Exact statement of OCCUPATION is very important.

