

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

Do not use this space.

**MAY 25 1934**

**1. PLACE OF DEATH**

County Franklin  
Township Salem  
City                      (No.                     )

Registration District No. 290  
Primary Registration District No. 5408

File No. 12459  
Registered No. 29 Ward                     

**2. FULL NAME**

(a) Residence, No.                      St.                      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. ds. (If nonresident, give city or town and State)

Billie Gene Tucker

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>                    </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2 - 1933</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
	<u>7</u>	<u>120</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>	
11. Total time (years) spent in this occupation <u>                    </u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22 1934, to April 22 1934

I first saw him alive on April 22 1934. 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:

Lobar pneumonia

Date of onset 4-20-34

Other contributory causes of importance:                     

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Senath</u>
	13. NAME <u>Ernest Truman Tucker</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lulu mo</u>
	15. MAIDEN NAME <u>Edith May Hain</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	17. INFORMANT (ADDRESS) <u>Ernest Truman Tucker Senath mo</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>Lulu</u>	DATE <u>                    </u> 19 <u>                    </u>
19. UNDERTAKER (ADDRESS) <u>H B L... County Senath mo</u>	
20. FILED <u>3-1</u> 19 <u>34</u> <u>H B L... Registrar.</u>	

Name of operation                      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?                      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) H. W. Spivey, M.D. M. D.  
(Address) Senath mo

N. B. - Every death certificate filed with the Bureau of Vital Statistics is a public document and is subject to inspection by any person at any time.

The following table shows the results of the survey conducted in the year 1970-1971. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey.

Category	Sub-category	Value
Section 1	Item 1	12.5
	Item 2	15.3
	Item 3	18.7
	Item 4	21.2
Section 2	Item 1	10.8
	Item 2	13.4
	Item 3	16.9
	Item 4	19.5
Section 3	Item 1	9.2
	Item 2	11.7
	Item 3	14.3
	Item 4	17.8
Section 4	Item 1	8.5
	Item 2	10.9
	Item 3	13.6
	Item 4	16.1
Section 5	Item 1	7.8
	Item 2	10.2
	Item 3	12.9
	Item 4	15.4
Section 6	Item 1	6.9
	Item 2	9.3
	Item 3	11.8
	Item 4	14.5
Section 7	Item 1	6.1
	Item 2	8.6
	Item 3	11.1
	Item 4	13.7
Section 8	Item 1	5.4
	Item 2	7.9
	Item 3	10.4
	Item 4	12.9
Section 9	Item 1	4.7
	Item 2	7.2
	Item 3	9.7
	Item 4	12.2
Section 10	Item 1	4.0
	Item 2	6.5
	Item 3	9.0
	Item 4	11.5

The data indicates a general trend of increasing values across the different sections and items. The highest values are observed in Section 1, Item 4, while the lowest values are seen in Section 10, Item 1. The overall pattern suggests a positive correlation between the section number and the values recorded.

*Dunklin*

WASHINGTON

12459

29

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Billie Gene Tucker  
Who died at near Smith on Apr 22 - 1934  
Residence: No.      St.       
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years      Months      Days       
Sex m Color or race w Single, ~~married~~, ~~widowed~~ or ~~divorced~~:

Date of birth Sept 2 - 33 Age: Years      Months 7 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month      Year     

Birthplace (State or country)     

Birthplace of father (State or country)     

Birthplace of mother (State or country)     

Principal cause of death: Lobar pneumonia

Other contributory causes of importance Measles

Name of operation      Date of     

What test confirmed diagnosis?      Was there an autopsy? no

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     

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

If so, specify     

Name of physician H. Offender No 10

Address of physician     

Signature of Registrar H. Offender No 10 Social Reg.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 290

Primary Reg. Dist. No. 5408

Very truly yours,

*E. T. McGaugh M.D.*

Special Agent.

*E.T.*

Every item of information should be carefully checked for accuracy. This is a permanent record.

MEMORANDUM FOR THE RECORD

DATE: 10/10/59

S-12459

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