

JUL 13 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County TennRegistration District No. 392

Township

Primary Registration District No. 4231City Pilot Knob (No. John Tucker)File No. 16545Registered No. 4

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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 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 \_\_\_\_\_Daisy Woodard.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 18687. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 5 198. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. 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) Sept. know 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County Tenn13. NAME John Tucker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Martha Robinson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) Mrs. Fred Mays Pilot Knob Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pilot Knob DATE 5-6-193419. UNDERTAKER (ADDRESS) Norman White & Son. Ironton Mo.20. FILED June 15 1934 L. J. Effner (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from

October 1933 to May 4 1934I last saw him alive on Apr. 16 1934 Death is saidto have occurred on the date stated above, at 2:00 A.M.

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

Senile Disease  
1060  
1160 186  
Other contributory causes of importance:  
Bronchitis

Date of onset

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes 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? no

If so, specify \_\_\_\_\_

(Signed) M. B. Barber M. D.(Address) Fredricktown Mo

