

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.

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

Do not use this space.

NOV 2 1935

15249-2

1. PLACE OF DEATH

County Saline

Registration District No. 798

Township Blackwater

Primary Registration District No. 6042

City (No. ....) St. .... Ward

File No. ....

Registered No. ....

2. FULL NAME Silas Edward 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 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 Sarah Elizabeth Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19<sup>th</sup> 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 4 20

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.

10. Date deceased last worked at this occupation (month and year) Jan. 14 34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Boonsville  
(STATE OR COUNTRY) Cooper Co. Mo.

13. NAME Robert H. Tucker

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

15. MAIDEN NAME Sarah Elizabeth King

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

17. INFORMANT Mrs. Wm. Marshall  
(ADDRESS) Uniontown Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Perrymanola DATE April 10<sup>th</sup> 1935

19. UNDERTAKER Schwitzky Warnhoff  
(ADDRESS) Boonsville Mo.

20. FILED Oct 19 1935 E. H. Ormswell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to April 1935

I last saw him alive on April 1935 Death is said

to have occurred on the date stated above, at 8 a. m.

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

Gas moun. of stomach + bow

Date of onset

Other contributory causes of importance: NO

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Ulcer 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) Lee J. Shuck, M. D.

(Address) Brown Mo.



ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

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

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.

1. PLACE OF DEATH  
County Saline Registration District No. 798  
Township Blackwater Primary Registration District No. 6042  
City (No) St. (No) Ward (No)

2. FULL NAME Silas Edward Tucker  
(a) Residence, No. (No) St. (No) Ward. (No)  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 69

7. AGE YEARS 20 MONTHS 20 DAYS 20 If LESS than 1 day, .....hrs. or .....min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Nov 11 1925 E. L. Chiswell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw him ..... alive on ..... 19..... 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:  
Carcinoma of stomach and liver  
Prim. (Liver)  
Date of onset

Other contributory causes of importance: NO

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 See J. Shuck (Signed) ..... M. D.  
(Address) Boonville mo.

S-15249-2