

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.

MAY 14 1936

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

Do not use this space.

16302

1. PLACE OF DEATH

County Perry  
Township  
City Perryville (No. ....)

Registration District No. 660  
Primary Registration District No. 4396

File No. ....  
Registered No. ....  
St. .... 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)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Florence Tucker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28-1895</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>8</u>	DAYS <u>22</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) Perry Co Mo  
(STATE OR COUNTRY)

13. NAME Thomas Tucker

14. BIRTHPLACE (CITY OR TOWN) Perry Co Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Rose Moore

16. BIRTHPLACE (CITY OR TOWN) Perry Co Mo  
(STATE OR COUNTRY)

17. INFORMANT Mrs Florence Tucker  
(ADDRESS) Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wd Hope Perryville Mo DATE 4/23 1936

19. UNDERTAKER Young & Fenwick And Co  
(ADDRESS) Perryville Mo

20. FILED 4-21 1936 Joe J. Zoller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20 1936

I HEREBY CERTIFY, That I attended deceased from January 15 1936 to April 20 1936.  
I last saw him alive on April 20 1936. Death is said

to have occurred on the date stated above, at 11:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Cancer of pancreas  
Hb  
Date of onset 1/15/36+

Other contributory causes of importance:

Name of operation Laparotomy Date of Dec. 1935  
What test confirmed diagnosis? Ch... 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? No  
If so, specify.....

(Signed) Bernard T. Koon M. D.  
(Address) Perryville Mo

