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.

SEP 29 1936

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

Do not use this space.

31061

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2705 Wyoming St. Ward)

File No.
Registered No. 3860

2. FULL NAME Wm Tucker
(a) Residence, No. 2705 Wyoming St., Kans City Mo 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Savannah Tucker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1861
7. AGE YEARS 74 MONTHS 11 DAYS 28 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
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) Texas

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Deliah
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Frank Tucker 419 Twindaw Blvd
18. BURIAL, CREMATION, OR REMOVAL
PLACE Westlawn DATE August 19, 1936
19. UNDERTAKER (ADDRESS) Nathan W. Thatcher 520 N. 5th St.
20. FILED 8/19, 1936 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936 to Aug 12, 1936
I last saw him alive on Aug 12, 1936. Death is said to have occurred on the date stated above, at 7:05 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy. Acute Dilatation of Heart. 1562

Date of onset

Other contributory causes of importance: Acute Pulmonary Edema

Name of operation ..... 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? — 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) Geo W Hedgepeth, M. D.
(Address) 1619 E 12 K. C. Mo