

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JAN 18 1937

43780

1. PLACE OF DEATH

County Boone
 Township Rocky Hill
 City Marionville (No. _____)

Registration District No. 74
 Primary Registration District No. 5113

File No. _____
 Registered No. 26
 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 16 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 Mrs. Mattie Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9 - 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>2</u>	<u>29</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.

13. NAME James E. Tucker

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

15. MAIDEN NAME Luce J. Casterman

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

17. INFORMANT (ADDRESS) Mrs. Richard Perchman
421 1/2 St. Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship Amity DATE 12-10-1936

19. UNDERTAKER (ADDRESS) G. L. Tucker
Marionville Mo.

20. FILED 12-9-36 Mrs. L. L. Lawrence
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1936, to Dec. 8, 1936

I last saw him alive on Dec. 7th, 1936. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Cerebral Hemorrhage Date of onset 12/11/36

Other contributory causes of importance:

Stroke

Name of operation None Date of _____

What test confirmed diagnosis? Phys. Exam Where 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) T. M. Turner, M. D.

(Address) Centralia, Mo.

T. M. Turner, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

