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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3840

Registered No. 878

1. PLACE OF DEATH

County

Township

City ST. LOUIS, MO (No. , BARNES HOSPITAL St. Ward)

2. FULL NAME James Washington Tucker

(a) Residence, No. St., N.R. Ward. Eldorado Springs Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
M	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LUCILLE TUCKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 20. 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
63	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MAIL CARRIER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

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 COUNTY) FRANKLIN COUNTY Mo.

FATHER

13. NAME JAMES TUCKER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) ROANOKE VIRGINIA

MOTHER

15. MAIDEN NAME MARY SUSAN ~~[illegible]~~ ALKIRE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) ST CHARLES Mo.

17. INFORMANT (ADDRESS) MISS LAURA TUCKER 4258 LAFAYETTE

18. BURIAL, CREMATION, OR REMOVAL PLACE EL DORADO SPRINGS Mo. DATE 1-22 1937

19. UNDERTAKER (ADDRESS) ALBERT H. HOPPE INC 429 NO. EUCLID AVE

20. FILED Feb 20 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2- 1937 to 1-19 1937

I last saw him alive on 1-19- 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

	Date of onset
Pulmonary embolus Non B Bacillus Sinkula	1-19-37
Thrombophlebitis, rt. leg.	12-25-36

Other contributory causes of importance: 100

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?

If so, specify

(Signed) A. B. Oliver, M. D.

(Address) BARNES HOSPITAL

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.