

APR 23 1937

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

Do not use this space.

12926

1. PLACE OF DEATH

County Perry
Township St. Marys
City Raymond (No. 0)

Registration District No. 663
Primary Registration District No. 5881

File No. 3
Registered No. 3

St. 0 Ward 0

2. FULL NAME

(a) Residence, No. Raymond C. Tucker St. 0 Ward 0
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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 Silver Lake DATE March 14, 1937

19. UNDERTAKER (ADDRESS)

20. FILED

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935 to March 12, 1937

I last saw him alive on March 10, 1937. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Cordian Thrombosis

Date of onset

Other contributory causes of importance:

Chronic Myocarditis with decompensation 2 yrs
General Arteriosclerosis

Name of operation 03 Date of 03

What test confirmed diagnosis? 03 Was there an autopsy? 03

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 03 Date of injury 03

Where did injury occur? 03 (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 Oscar A. Carr

(Signed) Oscar A. Carr M. D.

(Address) Perryville Mo.

Registrar

