

JUL 31 1937

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

Do not use this space.

101

1. PLACE OF DEATH

County St. Louis
Township North
City St. Louis (No. 1)

Registration District No. 824
Primary Registration District No. 6076

File No. 25030
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Navy Gene Tucker
(a) Residence, No. Truher Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 - 1934</u>		
7. AGE YEARS <u>2</u>	MONTHS <u>11</u>	DAYS <u>24</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) mo
(STATE OR COUNTRY)

FATHER 13. NAME John B Tucker

14. BIRTHPLACE (CITY OR TOWN) mo
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Conway

16. BIRTHPLACE (CITY OR TOWN) mo
(STATE OR COUNTRY)

17. INFORMANT T. W. Conway
(ADDRESS) Round Top Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Hill DATE 7-1- 1937

19. UNDERTAKER John Tucker
(ADDRESS) Truher Mo

20. FILED 7-1- 1937 Frank Boyd
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-29-1937 to 6-29-1937

I last saw him alive on 6-29-1937. Death is said to have occurred on the date stated above, at 7 P. m.

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

Gastroenteritis

Date of onset 6-20-37

Other contributory causes of importance: 101 P

Name of operation _____ Date of _____

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

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) W. P. Andy, M. D.

(Address) Truher, Mo.

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.

