AUG 23 1937

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

Do not use this space.

File No. 26528

Registered No. 163

1. PLACE OF DEATH

County Adair — Registration District No. 4

Township — Primary Registration District No. 3001

City Kirksville (No. ..., ... St. ... Ward)

2. FULL NAME Harley E. Tucker

(a) Residence, No. 1202 E. Filmore 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. 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) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | 0 | 20 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) July 24, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtown Mo

FATHER

13. NAME Jerry M. Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiana

MOTHER

15. MAIDEN NAME Frances Sanford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Louisville Kentucky

17. INFORMANT Mrs. H. E. Tucker (ADDRESS) Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brackett Cemetery DATE 7/28/37, 19

19. UNDERTAKER Davis Funeral Home (ADDRESS) Kirksville

20. FILED Aug 18, 1937 Spencer L. Freeman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY That I attended deceased from July 25, 1937, to July 25, 1937. I last saw him alive on July 25, 1937. Death is said to have occurred on the date stated above, at 1:30 pm.

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

| | Date of onset |
|---|---|
| Myocarditis, acute | |

Other contributory causes of importance:

Myocarditis following influenza 1920.

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) R O Stickelen, M. D.

(Address) Kirksville Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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