

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Gundy
Township
City Trenton (No. _____)

Registration District No. 328
Primary Registration District No. 3017

File No. 10852
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

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 Maggie Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
61 11 13

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) Newtown Mo

13. NAME Luwill Tucker

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

15. MAIDEN NAME Hannah Tucker

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

17. INFORMANT Mrs. Maggie Tucker (ADDRESS) Newtown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown DATE Mar 4 1938

19. UNDERTAKER Judd & Payne (ADDRESS) Newtown Mo

20. FILED 3-2 1938 Irene S. Jarr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1938, to March 2, 1938

I last saw him alive on March 1, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Coronary Thrombosis Date of onset 3-2-38

Other contributory causes of importance: Was operated for chronic appendicitis Feb. 24-1938. Unsuccessful conservative until coronary thrombosis occurred

Name of operation appendectomy Date of 2-24-38
What test confirmed diagnosis? clinical only Was there 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) C. Heullers, M. D.

(Address) Trenton, Mo.

200

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.

