

REC'D MAY 9 1938

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

Do not use this space.

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1100  
 City Ray (No. Wheatley Hospital) St. Ward  
 2. FULL NAME Algeron Tucker  
 (a) Residence, No. Richmond, 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. (If nonresident, give city or town and State)

13518

File No. 1498  
Registered No. 1498  
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE Black  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 1897  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
41 ~~42~~ 0 23  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employe of Farris Theater  
 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) 2-1-38  
 11. Total time (years) spent in this occupation 20 1/2  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tempton, Mo.  
 13. NAME Algeron Tucker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 15. MAIDEN NAME Genevieve Atchinson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT F. J. Weary  
 (ADDRESS) Richmond, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Richmond, Mo. DATE 4-5 1938  
 19. UNDERTAKER John Brothers  
 (ADDRESS) Richmond, Mo.  
 20. FILED Apr 6 1938 M. M. Brown  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 2-12 1938, to 4-5 1938  
 I last saw him alive on 4-4 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic nephritis with arterial hypertension chronic myocarditis with congestive heart failure  
 Other contributory causes of importance: Diabetes mellitus  
 Name of operation none Date of no  
 What last occurred diagnosis? myocarditis Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19no  
 Where did injury occur? no  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury no  
 Nature of injury no  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) Paul J. Hunt M. D.  
 (Address) 425 E. Big. 13th St. K.C. 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.

Corrected by affidavit Aug 30 - 1938  
L. Wood

FORM 222-38  
1 X 2814

For affidavit see misc file D # 107-1938