

REC'D MAY 25 1938

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

Do not use this space.

16084

**1. PLACE OF DEATH**

County Vernon  
 Township Center  
 City Nevada (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 875  
 Primary Registration District No. 3039

File No. \_\_\_\_\_  
 Registered No. 109

**2. FULL NAME**

Isaac Clinton Stucker

(a) Residence, No. 402 W. Hunters St., 1 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Stucker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 11, 1859</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>2</u>	DAYS <u>2</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labores</u>		
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) Unknown  
Illinois

13. NAME Williams Stucker

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Herschell Stucker  
 (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Antiochless DATE April 15, 1938

19. UNDERTAKER Ferry Funeral Home  
 (ADDRESS) Nevada, Mo.

20. FILED 4-15 1938 Allen V. Hays  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to April 13, 1938

I last saw him alive on April 12, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

hypertension degenerative

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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? No  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. W. Pearson M. D.  
Nevada, Mo. (Address)

No. 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.

