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.

REC'D JUL 17 1938

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

Do not use this space.

22640

File No. 188

Registered No. 668

1. PLACE OF DEATH
County: Pettis — Registration District No. 168
Township: — Primary Registration District No. 3032
City: Sedalia (No. 1406 So. Park St. Ward)

2. FULL NAME: Nicholas Lee Tucker 260
(a) Residence, No. 1406 So. Park 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
83	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed
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): Iowa

FATHER
13. NAME: Elzea Tucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Unkown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT: Roy L. Tucker
(ADDRESS): Lamonte, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Pleasant DATE: June 19, 1938

19. UNDERTAKER: Gillespie Funeral Home
(ADDRESS): Sedalia, Mo.

20. FILED 6-17, 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 17, 1938
I last saw h. alive on June 16, 1938. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Shock from exposure temp. 94 or more expected
14 hr.

Date of onset: June 12, June 16

Other contributory causes of importance:
Senile dementia
Wandered away from home & exposed for 6 hrs.

Name of operation: None Date of: None
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? Exposure Date of injury, 19
Where did injury occur? Exposure
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
None
Manner of injury: Exposure in open for two days
Nature of injury: Exposure & heart failure

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: None
(Signed) [illegible], M. D.
(Address) Sedalia Mo