

REC'D JUL 25 1938

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

23208  
Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 904  
 (b) Township Union Primary Registration District No. 4546 Registered No. \_\_\_\_\_  
 (c) City Sheridan (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ira Skill Tucker 260  
 (a) Residence, No. \_\_\_\_\_ St.  (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 Mary O Tucker  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 7 19  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Fanner  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) North county (STATE OR COUNTRY) Missouri

FATHER 13. NAME Ira Skill Tucker

14. BIRTHPLACE (CITY OR TOWN) North county (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Leri Tucker

16. BIRTHPLACE (CITY OR TOWN) Pen (STATE OR COUNTRY) Blinda Cartello

17. INFORMANT (ADDRESS) Charley Tucker

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheridan DATE June 21 1938

19. FUNERAL DIRECTOR (NAME) Long & Boyd (ADDRESS) Sheridan Mo

20. FILED June 21, 1938 Mr O. H. Bond Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1938

22. I HEREBY CERTIFY That I attended deceased from June 19, 1938, to June 19, 1938  
 I last saw him alive on June 19, 1938 Death is said to have occurred on the date stated above, at 7:30 P m.  
 The principal cause of death and related causes of importance were as follows:

Heart Trouble  
Dead when I got there  
 Date of onset Do not know  
 Other contributory causes of importance: 7000

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) Egbert Crowson M. D.  
Parnell (Address) \_\_\_\_\_

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.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER  
REGISTRATION STATE OF TEXAS  
HEALTH DEPARTMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING! (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**