

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

Do not use this space.

AUG 23 1938

1. PLACE OF DEATH

County Cape Girardeau  
Township Cape Girardeau  
City Cape Girardeau St. Francis Hosp

Registration District No. 125  
Primary Registration District No. 3009

File No. 24917  
Registered No. 1885  
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. 10 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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1901  
7. AGE YEARS 37 MONTHS 2 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm  
10. Date deceased last worked at this occupation (month and year) June 6, 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson County, Mo.

13. NAME James Monroe Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Malissa Skinner

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

17. INFORMANT Walt Lake, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reverend DATE July 6 1938

19. UNDERTAKER Harris & Son

20. FILED 7-4-38 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 6/24, 1938 to 7/4, 1938  
I last saw him alive on 7/3, 1938. Death is said to have occurred on the date stated above, at 8:50 a.m.  
The principal cause of death and related causes of importance were as follows:

PERITONITIS  
121

Other contributory causes of importance: APPENDICITIS ETC.

Name of operation APPENDICECTOMY Date of 6/27/38  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. L. Smith, M. D.

(Address) Cape Girardeau

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.

1938-9-4  
~~1901-3-21~~  
12-5-21

6' 2"