

RECD APR 18 1939

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

Do not use this space.

10384

1. PLACE OF DEATH

County Pemiss

Registration District No. 135

File No. ....

Township

Primary Registration District No. 3010

Registered No. 45

City Carrollton

(No. South Side Hospital)

St. .... Ward)

2. FULL NAME

E. M. Isaac Tucker

(a) Residence, No. ....

St. .... Ward.

Hale, Mo

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29 - 1861

7. AGE YEARS 77 MONTHS 6 DAYS 18 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McBones, Illinois

13. NAME Albert Isaac

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

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Howard Coe, Hale, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hale, Mo DATE Feb. 19 1939

19. UNDERTAKER Frank E. Slaton (ADDRESS) Hale, Mo

20. FILED 3-17 1939 North Haskell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1939 to 3-17 39 19....

I last saw him alive on 3-17 39 19.... Death is said to have occurred on the date stated above, at 4 p.m.

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

Cedrus Corneous a uterus

Other contributory causes of importance: H/S

Name of operation Date of

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 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?

If so, specify

(Signed) R. M. Benson M. D.

(Address) Carrollton, Mo

R.M. Benson, M. D., Carrollton, Mo.

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.

RECEIVED  
District Health Officer No. 8,  
District File Number 415739  
Date Filed \_\_\_\_\_