

OCT 9 1939

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

32031  
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 3 Registration District No. 104  
(b) Township Fulton 1 Primary Registration District No. 3008 Registered No. 270  
(c) City Fulton (d) Street No. \_\_\_\_\_ St.  
(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 Chas H. Tucker

(a) Residence, No. 618 School St. Jefferson City, St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Marquell Tucker  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 2 23  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe factory worker  
9. Industry or business in which work was done, as saw mill, bank, etc. Foreman  
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) Massachusetts

13. NAME Chas Tucker Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hoyle Belovale State Hwy #1 Fulton

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cemetery Sept. 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hope Gordon Jefferson City Mo

20. FILED Sept 28 1939 R. J. Crave Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1939  
22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Sept 27, 1939  
I first saw him alive on Sept 27, 1939. Death is said to have occurred on the date stated above, at 8:42 p.m.  
The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia  
Chronic Myocarditis  
Indefinite  
Date of onset 7/17/39  
Other contributory causes of importance:  
Chronic Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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? \_\_\_\_\_ (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) George H. Wood, M. D.  
27 G. W. Gorman  
(Address) State Hwy #1 Fulton 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.

**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.....

*Ferd P. Dulle*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Ferd P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City Mo*

**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.**