RUED JUL 15 1940

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

21307

Do not use this space.

1. PLACE OF DEATH
(a) County Butler — Registration District No. 89
(b) Township — Primary Registration District No. 3007 — Registered No. 181
(c) or City Poplar Bluff, Mo. — (d) Street No. Poplar Bluff Hospital 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 2-0 ELIGAH HAND TUCKER
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE~~ OF): Pheby A. Tucker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10, 1874
7. AGE: YEARS 65 — MONTHS 7 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Engineer
9. Industry or business in which work was done, as 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): Bengal, Indiana / Shelby county

FATHER
13. NAME: Janub R. Tucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bengal / Indiana

MOTHER
15. MAIDEN NAME: Martha Yarber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee.

17. INFORMANT (ADDRESS): Pheby A. Tucker, Bloomfield, Missouri.
18. BURIAL, CREMATION, OR REMOVAL — PLACE Walker Cemetery DATE June 11, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chiles Und. Co., Bloomfield, Missouri.
20. FILED 6-15 1940 O. C. Cutsinger, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 8 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1940 to 6-8, 1940
I last saw him alive on 6-7, 1940. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	6-8-40
Other contributory causes of importance: Acute Urinary Retention, Urethral Structure aggravated by an injury	5-26-40

Name of operation Cupropubic Cystostomy Date of 5-27-40
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? accident Date of injury 5-26, 1940
Where did injury occur? at work Bloomfield Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Kicked when cranking a Motor
Nature of injury Bruise over lower abdomen

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. F. Brookreson M. D.
(Address) Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1-19-38 X16605

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.....Frank L. Cooper.....

Licensed Embalmer No.....4119.....

P. O. Address.....Bloomfield, N.

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

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

No. 2B
7-21-40

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21307

Registration District No. 39 Primary Registration District No. 3007 Registrar's No.

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME: Elijah Hand Tuesser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19, to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: Acute Urinary Retention

Due to: Urethral Stricture aggravated by an injury

Other conditions (Include pregnancy within 3 months of death): I was cranking a water pump for City

Major findings:

Of operations: 1 gm

Of autopsy: no 11

Duration

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ace

(b) Date of occurrence: 5/26/1940

(c) Where did injury occur? Bloomfield (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry. (Specify type of place)

While at work: Slipped when cranking (Means of injury)

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

UNFADING INK—THIS IS

V. S. No. 2B
0M—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

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State File No. 21307

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 181

SUPPLEMENTARY

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(a) County Butler

(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

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(a) State Mo (b) County Butler

(c) City or town Poplar Bluff (If outside city or town limits write "RURAL")

(d) Street No. C St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eligah Hand Tucker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

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FATHER
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16. (a) Informant

(b) Address

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(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

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(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. F. Brookman (M. D. or other)

Address Poplar Bluff Mo. Date signed