AUG 17 1927

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

Do not use this space.

22003

1. PLACE OF DEATH
County: Miss
Township: Tywappity
City: (No. ..., ... St. ..... Ward)
Registration District No.: 566
Primary Registration District No.: 5762
File No.:
Registered No.: 63

2. FULL NAME: Oscar Lee Tucker
(a) Residence. No. ..... St., ... Ward. .....
(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: M
4. COLOR OR RACE: B.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 13th 1927
7. AGE: YEARS | MONTHS | DAYS: 71 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Charleston Mo
PARENTS
10. NAME OF FATHER: Oscar Tucker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Helena Ark
12. MAIDEN NAME OF MOTHER: Bertha Rough
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Plantersville Miss
14. INFORMANT: Horace Tucker
(Address): Charleston Mo #3
15. FILED July 20th 1927 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 24th 1927
17. Did not have a physician
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Ileo Colitis
11 1B
11 3B
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Family history
(Signed) Frank S Vernon, M. D
7-24, 1927 (Address) Charleston Mo Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove Cmty
DATE OF BURIAL: 7-24-1925
20. UNDERTAKER: Private
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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD