

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

Do not use this space.

1936
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OCT 21 1936

1. PLACE OF DEATH

County Texas Registration District No. 867
 Township Rockwood Primary Registration District No. 6147
 City..... (No.....) St..... Ward.....

File No.....
 Registered No.....

2. FULL NAME

Jamie Alfred 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
45 5 21

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

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County, Mo.13. NAME Jamie Tucker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co., Mo.15. MAIDEN NAME Mary Filanigan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT Chas Tucker
(ADDRESS) Waymerville, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE My Bush Mission DATE 9/23 193619. UNDERTAKER J. L. Hooks & Sons
(ADDRESS) Crocker, Mo.20. FILED 10-1 1936 R. B. Tilley
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22 1936

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

No doctor in attendance Date of onset

Other contributory causes of importance

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 R. B. Tilley, M. D.
(Signed)(Address) Plato, Mo.

