

RECORDED JAN 25 1947

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

Do not use this space.

43228

1. PLACE OF DEATH

County Mississippi Registration District No. 566
Township O'his Primary Registration District No. 5765
City W. yatt. Mo (No.) St. Ward)

2. FULL NAME

Jno. Henry Tucker
(a) Residence, No. W. yatt. Mo St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Jennie Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Polk Co. Ill.

13. NAME Daniel Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Ill.

15. MAIDEN NAME Le Binda Jainer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Ill.

17. INFORMANT (ADDRESS) J. T. Tucker Harrisburg Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisburg Ill. DATE 12/17

19. UNDERTAKER (ADDRESS) Reese Turner Harrisburg Ill.

20. FILED 12-17-40 19 Frank Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16 1940

22. I HEREBY CERTIFY, That I attended deceased from 10/20, 1940, to 12/16, 1940

I last saw him alive on 12/10, 1940. Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Carcinoma of liver Date of onset D.K.
Asites
Other contributory causes of importance: H

Name of operation Aspiration Date of 12/26/40
What test confirmed diagnosis? Al. Sympt. 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) L. Cheselwing, M. D.
(Address) Charleston 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

4-10-66
RECEIVED

District Health Officer No. **2**

District File Number 141-66

Date Filed 4/19/41