

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **24012**
Registered No. **7**

1 PLACE OF DEATH
County **Muhlenberg**
Vol. No. **Beech Creek** Registration District No. **877**
Inc. Town **# 28** Primary Registration District No. **8421**
City (No. St., Ward)
2 FULL NAME **Otis Chesley Tucker**

(If death occurred in a hospital or institution, give the name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **male**
4 COLOR OR RACE **white**
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **single**
6 DATE OF BIRTH **Nov. 30, 1913**
7 AGE **5 yrs. 10 mos. 15 ds.** IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) **Beech Creek, Ky**

PARENTS
10 NAME OF FATHER **William Henry Tucker**
11 BIRTHPLACE OF FATHER (State or country) **Muhlenberg Co, Ky**
12 MAIDEN NAME OF MOTHER **Emel Belle Templeton**
13 BIRTHPLACE OF MOTHER (State or country) **Muhlenberg Co, Ky**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) **Robert Morris** (Address) **Beech Creek, Ky**

15 **8/22, 1916** **J. H. Stuart** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Sept 15, 1916**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Aug 24**, 1916, to **Sept 15**, 1916, that I last saw him alive on **Sept 14**, 1916, and that death occurred on the date stated above at **7:50** p.m. The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) **20** yrs. **0** mos. **0** ds.
Contributory (SECONDARY) (Duration) **0** yrs. **0** mos. **0** ds.
(Signed) **R. Morris** M. D. **Sept 15, 1916** (Address) **Beech Creek, Ky**

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death **0** yrs. **0** mos. **0** ds. In the State **0** yrs. **0** mos. **0** ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL **Mircea Chapel** DATE OF BURIAL **Sept 16, 1916**
20 UNDERTAKER **L. H. Stuart** ADDRESS **Beech Creek, Ky**

WRITE PLAINLY WITH SPARING INK--THIS IS A PERMANENT RECORD
B. E. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S OCCUPATION is very important. See instructions on back of certificate.