

Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 12700

Registered No. 6

1. PLACE OF DEATH

(a) County Madison Registration district No. 5620
(For reg. use)
(b) Magisterial district Court Sale
(c) City or town _____
(d) Name of hospital or institution _____
(e) Length of stay in hosp. or inst. _____ In this community _____
(Specify whether years, months, or days)
(f) Is place of death within corporate limits? _____

2. USUAL RESIDENCE OF DECEASED

(a) State Virginia
(b) County Madison
(c) City or town _____
(d) Street No. _____
(e) Is place of residence within corporate limits? _____
(f) If foreign birth, how long in U. S. A? _____ Years

3. (a) FULL NAME

William Dan Leslie Tucker

3. (b) If veteran, name war _____

3. (c) Social security number _____
(Answer only if card is available)

4. Sex _____ 5. Color or race _____ 6. (a) Single, married, widowed, divorced. _____

6. (b) Name of husband or wife The Ima Elizabeth Parrish

7. Date of birth of deceased Jan. 27, 1902
(Month by name) (Day) (Year)

8. Age: Years _____ Months _____ Days _____
if less than one day _____ hours _____ min. 38 17

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

10. Usual occupation _____

11. Nature of business _____

12. Mother William Tucker

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

14. Maiden name Ima Elizabeth Parrish

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

16. (a) Informant's own signature W. D. Tucker

(b) Address 222 E. 1st St. S. E. 1

17. (a) Burial, cremation, or removal? Buried

(b) Place _____ Date Nov. 17, 1940
(Month by name) (Day) (Year)

18. (a) Funeral director _____

(b) Address Orange, Va.

19. (a) Filed 11/17/40 (b) J. V. Lindsey
(Date received by reg.) (Local, deputy or sub-registrar's own signature)

MEDICAL CERTIFICATION

20. Date of death Nov. 15, 1940 10:50 AM 19 40 at _____
(Month by name) (Day) (Year) (Hour)

21. I hereby certify that I attended the deceased from 10-3- 19 39
to 7-13- 19 40; that I last saw him alive on 7-9- 19 40

and that death occurred on the date and hour stated above.

Immediate cause of death tumor of brain-malignant Duration 8.03

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Name of operation removal of tumor.

Date of operation Oct. 16, 1940
Major findings: (a) of operations malignant tumor of left frontal lobe.

(b) of autopsy not made.

Physician Underline the primary 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) _____

(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 G. P. Feltus M. D., Corp. Officer
Address Orange, Va. Date signed 7-16-40