

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Jackson

Township _____

or
Village _____or
City Kansas City (NO. 116 W Armour St. _____ Ward)Registration District No. 399File No. 5277Primary Registration District No. 1002Registered No. 416FULL NAME Abiah Allen Tomlinson

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

WhiteSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)Married

DATE OF BIRTH

Nov 113 1882
(Month) (Day) (Year)

AGE

80 yrs. 2 mos. 20 ds.If LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Banker

(b) General nature of industry, business, or establishment in which employed (or employer)

4-03

BIRTHPLACE

(City or town, State or foreign country)

Ohio

PARENTS

NAME OF FATHER

Thos Tomlinson

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

U.S.

MAIDEN NAME OF MOTHER

Hetty Allen

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

U.S.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A.A. Tomlinson(ADDRESS) 116 W ArmourFEB 4 1913

Filed

191

W.S. Wheeler

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb 2 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

1-30, 1913, to 2-2, 1913,that I last saw him alive on 2-2, 1913,and that death occurred, on the date stated above, at 3:00 am.

The CAUSE OF DEATH* was as follows:

94A
94A Angina Pectoris

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory Old Valvular(Secondary) Heart Disease

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J.W. Puck M. D.2-3, 1913 (Address) K.C. Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place 2 yrs. ___ mos. ___ ds. In the State 45 yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

Mt Washington

DATE OF BURIAL

2/4, 1913

UNDERTAKER

Steinertson Used & 924 Oak

ADDRESS

J.T. Welch

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.

