

SEP 26 1927

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

Do not use this space.

23619

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, Missouri Sisters Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 774

2. FULL NAME Lillian Marlin Tolin  
(a) Residence, No. 915 South 13th Street, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Tolin  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2, 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 4 0  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Nashville  
(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Riley Marlin  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville  
(STATE OR COUNTRY) Tenn  
12. MAIDEN NAME OF MOTHER Lucy Pratt  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nashville  
(STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs. Frank Tremain  
(Address) 915 South 13th Street

15. FILED 4 19 27  
John G. [Signature] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 2, 1927  
17. I HEREBY CERTIFY That I attended deceased from June 1, 1927 to Aug 2, 1927  
that I last saw her alive on Aug 20, 1927 and that death occurred, on the date stated above, at 5:15 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Rectum  
4-0 (duration) yrs. 6 mos. da.

CONTRIBUTORY Broncho Pneumonia  
(SECONDARY) (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 14, 1927  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic  
(Signed) H. G. Thompson, M. D.  
8/3, 1927 (Address) 825 Chestnut St. St. Joseph

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cem DATE OF BURIAL August 4, 1927

20. UNDERTAKER Eleman Foris ADDRESS 1208 Francis

X. 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.

