

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

Do not use this space.

33102

**1. PLACE OF DEATH**

County Jackson Registration District No. 253  
 Township Geoth Primary Registration District No. 5351  
 City Geoth St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-22-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 1 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Framer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Talton  
 (STATE OR COUNTRY) MO

10. NAME OF FATHER James Tolle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Talton  
 (STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Maranda Depend (Address) Jamesport MO

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Talton  
 (STATE OR COUNTRY) MO

14. INFORMANT (Address) Mrs J. H. Thomas Jamesport MO

15. FILED \_\_\_\_\_, 19 \_\_\_\_\_ REGISTRAR \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1927

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 1927 to Nov 7, 1927 that I last saw him alive on Nov 7, 1927, and that death occurred, on the date stated above, at 17a.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer of Neck  
53E  
 (duration) yrs. 7 mos. da.

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6-1927

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None  
 (Signed) E. Sparrow, M. D.

\*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 DATE OF BURIAL

J. B. B. Talton Nov 5 1927

20. UNDERTAKER ADDRESS H. R. Nelson Jamesport

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.

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**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Harrison Registration District No. 25-3 File No. -18  
 Township Jackson Primary Registration District No. 535-1 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Geo H. Tolle  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. 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 M  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22-1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3-6 | 0 | 23 | 11 | \_\_\_\_\_  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-4 1927  
 17. I HEREBY CERTIFY That I attended deceased from apx Nov 4 1927 to Nov 4 1927 that I last saw him alive on Nov 2 1927, and that death occurred, on the date stated above, at 11 a. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of neck  
 (duration) yrs. 7 mos. ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-1927  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) G. D. Harris, M. D.  
 (Address) Jamesport Mo

9. BIRTHPLACE (CITY OR TOWN) Trenton (STATE OR COUNTRY) \_\_\_\_\_  
 10. NAME OF FATHER James Tolle  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Miss Sebastine  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ky  
 14. INFORMANT Mrs G. D. Harris (Address) Jamesport Mo  
 15. FILED Nov 10 1927 A. G. Minnich REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. O Trenton DATE OF BURIAL Nov 5 1927  
 20. UNDERTAKER W. Roberson ADDRESS Jamesport

Every item of information should be carefully checked. Physicians should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-33102.

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