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

Do not use this space.

38013

23 1928

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City ~~Florissant~~ Mo (No. Graham & Taylor Rd St. Ward)

2. FULL NAME John Toukey
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Toukey
6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 13th 1838
7. AGE: Years 89 — Months 8 — Days 0 — If LESS than 1 day, hrs. or min.
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
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: John Toukey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Margaret Ryan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mary Toukey
(Address) Florissant Mo

15. FILED 12-14, 1927 O V Schuster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 13 — 1927
17. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1927, to Dec 13th, 1927 that I last saw him alive on Dec 13th, 1927, and that death occurred, on the date stated above, at 6 30 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
10 15
132 B
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY): Myocarditis, Arteriosclerosis, Nephritis
(duration) 3 yrs. 8 mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Roy Johnson, M. D
12-14, 1927 (Address) Ferguson Mo

*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: St Ferdinand — DATE OF BURIAL: 12-15 1927
20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Wash St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Wm Ray Johnson

Ferguson Wis
16 Church Rd

~~to~~
~~1-2~~ 8.30 - 9.00