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

Do not use this space.

18043

1. PLACE OF DEATH
County: Pettis
Township: Longwood
City: ..... No. ..... St. ..... Ward)
Registration District No. 668
Primary Registration District No. 5898
File No. .....
Registered No. 158

2. FULL NAME: Paul Christian Toombs
(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 15 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Minnie Toombs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 20-1871

7. AGE: Years 56 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery 118
(c) Name of employer: 137

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hunts Ville 253 Mo

PARENTS
10. NAME OF FATHER: Jefferson Toombs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hart Kruse Kentucky
12. MAIDEN NAME OF MOTHER: Mattie Boyne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hart Kruse Kentucky

14. INFORMANT: Paul H Toombs
(Address): Longwood Mo

15. FILED 5-22 1928 J. G. Love REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 19 1928

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1928, to May 19, 1928 that I last saw h[illegible] alive on May 19, 1928, and that death occurred, on the date stated above, at 1-10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cystitis - Enlarged Prostate Gland (duration) yrs. 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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. D. Prowse, M. D
, 19 (Address) Longwood 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: Longwood Cemetery
DATE OF BURIAL: 5/20 1928

20. UNDERTAKER: W. C. Westbrook
ADDRESS: Houstonia Mo

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.