24 1928

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

Do not use this space.

File No. 19945

Registered No. 737

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. 1222 North 25th. St. Ward)

2. FULL NAME: George Duckworth Tootle Jr.,

(a) Residence. No. 1222 North 25th. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 1 yrs. 8 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 26th. 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	8	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child. 8 69B

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Saint Joseph,
(STATE OR COUNTRY): Missouri,

PARENTS

10. NAME OF FATHER: George Duckworth Tootle

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Saint Joseph,
(STATE OR COUNTRY): Missouri,

12. MAIDEN NAME OF MOTHER: Audra Bierman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Hastings,
(STATE OR COUNTRY): Nebraska,

14. INFORMANT: George Duckworth Tootle
(Address): 1222 North 25th. Street,

15. FILED: JUN 8 1928 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to June 8, 1928, that I last saw him alive on June 8, 1928, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever

8

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Toxemia

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED: at place of death

IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms + rash

(Signed) H. G. Thompson, M.D.

6/8, 1928 (Address) 820 Charles St.

*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: Mount Mora Cem. (Vault) — DATE OF BURIAL: June 9th, 1928

20. UNDERTAKER: Heaton-Bigole & Bowman by S. H. Kaple — ADDRESS: 319 S. 10 St. Funeral Home

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.