SEP 27 1928

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

Do not use this space.

28228

1. PLACE OF DEATH
County Randolph — Registration District No. 733 — File No.
Township — Primary Registration District No. 4438 — Registered No. 41
City Huntsville (No. ..., ... St. ... Ward)

2. FULL NAME Hilda Noraine Tolson
(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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1922
7. AGE: Years 6, Months 3, Days 0. If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Huntsville (STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Carl Tolson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salisbury (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Marie Dameron
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Huntsville

14. INFORMANT Mrs John Tolson (Address) Huntsville
15. FILED Aug 7, 1928 G. G. Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 5 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1928, to Aug 5, 1928 that I last saw her alive on Aug. 5, 1928, and that death occurred, on the date stated above, at 2:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pericarditis with pericardial effusion & resulting dropsy.
115A (duration) yrs. 1 mos. ds.
90B CONTRIBUTORY (SECONDARY) Follicular Tonsillitis (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
8/7 (Signed) G. G. Bragg, M. D
mo 8/7, 1928 (Address) Huntsville 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: Huntsville — DATE OF BURIAL: Aug. 6 1928
20. UNDERTAKER: Tom Patton — ADDRESS: Huntsville 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.