

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *409 N. Broadway*)

*701  
R003*

File No. *29298*  
Registered No. *8820*  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. *4900 Euclid Avenue* 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**

*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**

*Addie E. Tolson*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

*June 8 1873*

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>53</i>	<i>2</i>	<i>22</i>	

**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

*Physician*

**9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY)**

*Mo*

PARENTS

**10. NAME OF FATHER**

*Mr. I. Tolson*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY)**

*Mo*

**12. MAIDEN NAME OF MOTHER**

*Mary J. Towden*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY)**

*Mo*

**14.**

INFORMANT  
(Address)

*D. Ellington Tolson  
Springfield Mo*

**15.**

FILED

*SEP - 1 1928  
New Starker*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

*2*

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

*Aug 30 1928*

**17.**

I HEREBY CERTIFY, That I attended deceased from *Jan 1926*, 19... to *August 30*, 19...  
that I last saw him alive on *Aug 29*, 19... and that death occurred, on the date stated above, at *5 P* m.

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

*59 Angina Pectoris  
94A*

**CONTRIBUTORY (SECONDARY)**

*Diabetes Mellitus  
(duration) 6 yrs. 6 mos. da.*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH. DATE OF**

WAS THERE AN AUTOPSY?

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) *W. H. O. ...* 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**

*Oak Grove Mausoleum Sp...* 1928

**20. UNDERTAKER**

**ADDRESS**

*Philander Craig Washington*

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.

