20 1928

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

Do not use this space.

32684

1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No.
Township — Primary Registration District No. 3003 — Registered No. 77
City Monett (No. ..... St. ..... Ward)

2. FULL NAME Edward Marion Tomia
(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.

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE~~ OF Mrs Alice Tomia

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1876

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 52 | 3 | 5 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Locomotive Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer St L & S F R R Co

9. BIRTHPLACE (CITY OR TOWN) Oakenfoot
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER Theodore Tomia
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Josephine Fuedley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT Mrs Alice Tomia
(Address) Monett Mo

15. FILED 10/28, 1928 W M West
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Oct 27, 1928 that I last saw him alive on Oct 27, 1928, and that death occurred, on the date stated above, at 1 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
9 2 Mitral Stenosis
9 5 D
9 5 C
..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Rheumatic Heart Disease
..... (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs & History
(Signed) Ernest Mitchell, M. D
, 19 (Address) Monett 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: McClouth Kino
DATE OF BURIAL: 10-29 1928

20. UNDERTAKER: Callaways
ADDRESS: Monett