

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

Do not use this space.

33060

1. PLACE OF DEATH

County Clay

Registration District No. 198

Township

Primary Registration District No. 3571

City Expulsion Mo. 7th St.

(No. 301 East Expulsion)

File No. _____

Registered No. 102

St. _____ Ward)

2. FULL NAME

(a) Residence. No. _____ St.,
(Usual place of abode)

Ward. St. Joseph Mo.

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S.A. 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 1861

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>67</u>	<u>6</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartsville Missouri

10. NAME OF FATHER

John Tooke

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

Unknown Ireland

12. MAIDEN NAME OF MOTHER

Ann Rigney

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

Unknown Ireland

14. INFORMANT (Address) Patrick Conway 1504 Sacramento St. St. Joseph, Mo.

15. FILED 10/12/28 Y.D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 15 26 to Oct 21 1928, and that I last saw him alive on Oct 21 1928, on the date stated above, at St. Joseph, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rupture of heart
97 (duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY) Atherosclerosis
(duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: no other

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Bernard Towns, M.D.
- 19 (Address) Expulsion, 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 St. Joseph, Missouri **DATE OF BURIAL** Oct 23 1928

20. UNDERTAKER H.C. Siderfaden **ADDRESS** St. Joseph, 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.

THIS IS A PERMANENT RECORD

