WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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. 791 File No. 35033

Township ..... Primary Registration District No. 1003 Registered No. 19008

City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Edward Tomlison

(a) Residence. No. 3129 Lucas St., N Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. 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	Col.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. ? 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	1	?	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 131 92
(b) General nature of industry, business, or establishment in which employed (or employer) 102
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Edw. Tomlison

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED OCT 12 1928, 19 Mary C. Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-6- 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-27- 1928, to 10-6- 1928, that I last saw him alive on 10-6- 1928, and that death occurred, on the date stated above, at 3:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
Cause
High Blood Pressure
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Chr. Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Tot

(Signed) R. Cunningham, M. D.
, 19 (Address) 2965 Fanton

*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 Greenwood Cem DATE OF BURIAL 10-14 1928

20. UNDERTAKER Pinkie Toney ADDRESS 3129 Lucas