29 1928

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

Do not use this space.

37652

1. PLACE OF DEATH
County Monroe — Registration District No. 582 — File No.
Township — Primary Registration District No. 4344 — Registered No. 61
City Paris (No. ..., ... St. ..... Ward)

2. FULL NAME Henry Tolson
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	11	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plumber 23A 11A
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Eugene Moore

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

PARENTS
10. NAME OF FATHER Sam Tolson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER N. K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Mattie Prichett
(Address) Springfield, Ill.

15. FILED 11/10, 1928 H C Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/9 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 6, 1928, to Nov 4, 1928, that I last saw him alive on Nov 11/28, 1928, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary T B
Complicated with Flu
(duration) 2 yrs. x mos. x ds.

CONTRIBUTORY (SECONDARY) 31
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs
(Signed) H C Payne, M. D
11/10, 1928 (Address) Paris, 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: Walnut Grove — DATE OF BURIAL: 11/12 1928

20. UNDERTAKER: Speed & Blakey — ADDRESS: Paris, 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.