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

Do not use this space.

429

1. PLACE OF DEATH

County Caldwell, Registration District No. 93 File No. 5

Township Davis, Primary Registration District No. 4055 Registered No. 5

City Braymer, (No. ..... St. ..... Ward)

2. FULL NAME David T. Toomay,

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male,

4. COLOR OR RACE White,

5. [redacted], MARRIED, [redacted] (write the word) Married,

5A. IF MARRIED, [redacted] HUSBAND OF [redacted] Josephine Toomay,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, -28th., -1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	5	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer) Retired,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ray County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Timothy Toomay,

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

12. MAIDEN NAME OF MOTHER Martha Fisher,

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

14. INFORMANT David R. Toomay,
(Address) Braymer, Mo.

15. FILED Jany 8, 1929 H. H. Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January -7- 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to Jan -7- 1929 that I last saw h. ~~m~~ alive on Jan -6- 1929, and that death occurred, on the date stated above, at 12:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82 A

97

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis

..... (duration) 6 yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF None

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Cardinal B. Hoolsen M.D.

Jan. 8, 1929 (Address) Braymer, 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 Braymer Evergreen Cemetery, DATE OF BURIAL Jan 9th 1929

20. UNDERTAKER E. P. Michael - ADDRESS Braymer, 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.