

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

Do not use this space.

2560

1. PLACE OF DEATH

County Moniteau
Township Waller
City California (No. _____)

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 4
St. _____ Ward)

2. FULL NAME

Earl Patrick Toler

(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. da. How long in U.S., 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) California Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Theodore Toler

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

12. MAIDEN NAME OF MOTHER Estelle Barry

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

14. INFORMANT Theodore Toler
(Address) California Mo

15. Jan 5, 1929 Jan. 5, 1929
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-26-28 to 1-4-1929, that I last saw him alive on 1-4-1929, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Delpech Simmer Abscess

1843 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 1928 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

21. WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Bourn DC

1-7-1929 (Address) California Mo

*State the DISEASE CAUSING DEATH, of 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 DATE OF BURIAL

Cedar Grove 1/6 1929

20. UNDERTAKER Hellman & Friedman California
ADDRESS

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.

