OR 30 1929

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

Do not use this space.

11922

1. PLACE OF DEATH
County Pulaski — Registration District No. 712 — File No.
Township Liberty — Primary Registration District No. 5941 — Registered No. 12
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Russel Tober
(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. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 25 1858

7. AGE: Years 71 — Months 1 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: James Tober
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Elizabeth Tober
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Charley Tober
(Address): Swydebory Mo.

15. FILED 3.24.1929 Everett A. Oliver. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 23 1929

17. I HEREBY CERTIFY, That I attended deceased from March 21st, 1929, to March 23 1929, that I last saw him alive on March 23 1929, and that death occurred, on the date stated above, at 4.35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
108
(duration) yrs. mos. 28 ds.

CONTRIBUTORY (SECONDARY): Lobar Pneumonia
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Lee, M. D.
3/24, 1929 (Address) Crocker 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: Flee Hollow Cemetery — DATE OF BURIAL: 3/24 1929

20. UNDERTAKER: R. B. Seeple — ADDRESS: Richland 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.

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