

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

Do not use this space.

12473

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis No. 5716 Pamplin Ave St. _____ Ward _____

File No. _____
 Registered No. 2995
 St. _____ Ward _____

2. FULL NAME

William J. Tobin
 (a) Residence. No. 5716 Pamplin Ave St. 7 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Tobin</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 15 1861</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>10</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Salesman Grocer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis Mo</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>Not Known</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
12. MAIDEN NAME OF MOTHER <u>Not Known</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
14. INFORMANT <u>Beulah Tobin</u> (Address) <u>5716 Pamplin Place</u>		
15. FILED <u>1929</u> <u>C. J. Stankoff</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ about _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation due to Fuel Gas Poisoning

(duration) yrs. mos. ds. _____

CONTRIBUTORY (SECONDARY) Whether Accidental or Intentional Not Determined
 (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED Determined
 IF NOT AT PLACE OF DEATH _____ DATE OF _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Ferner M.D.
 3/9/1929 (Address) Dep. Corone

*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 <u>St. Peter Paul</u>	DATE OF BURIAL <u>Mar 12 1929</u>
20. UNDERTAKER <u>Wm. F. Paschedag</u>	ADDRESS <u>2825 No. Grand St.</u>

WRITE MAINLY, 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.

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PARENTS

MAINTAIN RESERVED FOR BINDING

V. W. NO. 2.

