

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

Do not use this space.

35035

1. PLACE OF DEATH

County St. Louis
Township Richmond 115 Mo.
City Richmond 115 Mo. (No. St. Marys)

Registration District No. 1170
Primary Registration District No. 6248H

File No. _____
Registered No. 23-1
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 805 N. 2 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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

sol. Tobias

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

May 17, 1872

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>4</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

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

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

Koroa
Queena

10. NAME OF FATHER

Unknown

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

do

12. MAIDEN NAME OF MOTHER

do

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

do

14.

INFORMANT Norman Tobias M.D.
(Address) 5791 Westminister

15.

FILED 10/5, 1929 C. L. Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 5, 1929

17.

I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____, and that I last saw him alive on Sept 30, 1929 at _____ m. death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cardiac
asthma
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF July 5, 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopic
(Signed) W. J. Campbell M. D.

10/5, 1929 (Address)

*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

DATE OF BURIAL

Elmira N. Y. 10/7, 1929

20. UNDERTAKER

ADDRESS

N. B. Berger 4715 McPherson

WRITE PLAINLY, 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.

