

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

Do not use this space.

16462

CHANGING state
OCCUPATION is very important.

3-19-30
41

1. PLACE OF DEATH

County Jackson Registration District No. 409 File No. 18
 Township Jackson Primary Registration District No. 409 Registered No. 18
 City Jackson (No. 24 miles from City of Jackson) (Ward)

2. FULL NAME

Thomas N. Toland
 (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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1, 1885

7. AGE YEARS 45 MONTHS 5 DAYS — If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER James Toland

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

12. MAIDEN NAME OF MOTHER Lou Octor

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

14. INFORMANT Clarence Toland
 (Address) _____

15. FILED 3/19/30 W.R. Gaddis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1930

17. HEREBY CERTIFY, That I attended deceased from April 15, 1930 to May 1, 1930 that I last saw him alive on May 1, 1930 and that death occurred, on the date stated above, at 4 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhus Malaria.

CONTRIBUTORS (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W.H. Brookshire, M. D.

30 (Address) Jackson 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 Foxes & Corp DATE OF BURIAL 5-1 1930

20. UNDERTAKER Wm. H. Gaddis ADDRESS _____

June, 24, 1951.

Dr. Kames Stewart,
Jefferson City, Mo.

Dear Dr;- Replying to your letter of inquiry in the death certificate of Thomas K. Toland, will say that I saw this man once about ten days before his death, and it was a typical case of Pelagra, how any one could make such a mistake I do not understand, he had all the clinical symptoms that you find in Pelagra, and Pelagra should have been given as the cause of death, and not Typho-Malaria, / a disease I do not know, (ie) I do not think is a disease.

My wife is my deputy register and she did not know the cause of death except as given in the Certificate, if I had seen the death certificate I think I would have made the correction at the time. I think the certificate should be corrected and made to read cause of death Pelagra, and not "Typhoid-Malaria"

Trusting that this explanation is satisfactory I am yours very Respt.

W. G. Odier

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated in full terms, so that it may be properly classified.

ticular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

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Name: Thomas N. Toland

Who died at: Jasper Co. on May 11 1930,

Residence: No. _____ onresident, city or town)

Length _____ the _____ Days _____

Sex: _____ lowed or divorced: _____

Date of _____ onths _____ Days _____

Occupation _____ y: _____

Birthplace _____

Birthplace _____

Birthplace _____

CAUSE OF DEATH: Typhoid Malaria

Contributory: Pelagra

Where was disease contracted? _____

Is this Typhoid or a type of Malaria?