

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

Do not use this space.

26650

File No. \_\_\_\_\_  
Registered No. 3253  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City (No. 100 N. Mersington)

Registration District No. 300  
Primary Registration District No. 1002

**2. FULL NAME** John C. Toner

(a) Residence No. 100 N. Mersington St. 10 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)**

Single

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

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**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Jan. 18 1920

**7. AGE**

YEARS 10

MONTHS 6

DAYS 18

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Schoolboy

(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) K.C. Mo.

**10. NAME OF FATHER**

John C. Toner

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER** Ida Chanal

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**14. INFORMANT** Mrs. Ida Chanal

(Address) 100 N. Mersington

**15. FILED** 8/6 30 M.M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**15. DATE OF DEATH (MONTH, DAY AND YEAR)** Aug. 6 19 30

**17. I HEREBY CERTIFY** That I attended deceased from July 29 19 30 to Aug 6 19 30 that I last saw him alive on Aug 5 19 30 and that death occurred, on the date stated above, at 2.30 P.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Vincent's Angina (month)

**CONTRIBUTORY (SECONDARY)** no

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH no

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) Charles S. Nelson M. D.

8-6 1930 (Address) 1201 P-st Bldg  
\*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 Aug 7 19 30

**20. UNDERTAKER** Forest Hill Cem.

ADDRESS

Gates Funeral Home

K.C.K.

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.

