

MAR 23 1931

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

Do not use this space.

4771

1. PLACE OF DEATH

County Callaway Registration District No. 105-  
Township St Aubert Primary Registration District No. 5154  
City (No) \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Tolin Fotts  
(a) Residence No. \_\_\_\_\_ County Callaway Infirmity \_\_\_\_\_  
(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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 62 yrs.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former trader  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

13. NAME don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

15. MAIDEN NAME " " " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

17. INFORMANT Ed Thompson  
(ADDRESS) R. F. 9 Fulton

18. BURIAL, CREMATION, OR REMOVAL Old Cypress Hill Church Feb. 13 '31

19. UNDERTAKER Ed Thompson  
(ADDRESS) Fulton, Mo. R. F. 9

20. FILED 219-1931 W. W. Williams  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1929 to Feb 12 1931  
I last saw him alive on Feb 11 1931 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic endo-carditis Date of onset 6-3-29  
Arthritis Deformans about 14 yrs  
92A  
57A side

Other contributory causes of importance:

92A  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. D. Payne, M. D.  
(Address) R. F. 9 Fulton

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

