

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

Do not use this space.

21273

**1. PLACE OF DEATH**

49 County Howard,  
Township Moniteau.  
City (No. City No. Ward)

Registration District No. 378  
Primary Registration District No. 55-81

File No. \_\_\_\_\_  
Registered No. 5-9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lourania Ridgeway Toalson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Toalson,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9 II - 1845</u>		
7. AGE <u>85</u> YEARS	<u>10</u> MONTHS	<u>12</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Missouri.  
(STATE OR COUNTRY)

FATHER 13. NAME Thomas Ridgeway,

FATHER 14. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sallie Standiford,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Kentucky,  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Grover Toalson, Fayette Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Co. DATE 6/24/31

19. UNDERTAKER (ADDRESS) Guy T. Halley, Fayette, Mo.

20. FILED 6-80 1931 V. O. Bonham  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 23/31 1931

22. I HEREBY CERTIFY That I attended deceased from August 1930 to June 1931  
I last saw her alive on June 1931. Death is said to have occurred on the date stated above, at 8:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
936  
953 930  
Other contributory causes of importance:  
Cardiac decompensation 1 hr.  
Date of onset 1928

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. findings 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) Wm. J. Shaw M. D.  
(Address) Fayette, Mo.

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.

