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.

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

Do not use this space.

1. PLACE OF DEATH
County Putnam — Registration District No. 716 — File No. 41881
Township Union — Primary Registration District No. 6430 — Registered No. 55
City Unionville (No. ..... St. ..... Ward)

2. FULL NAME Wilbur Eugene Tollie
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8-1915
7. AGE: YEARS 16 — MONTHS 5 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile
10. Date deceased last worked at this occupation (month and year) Aug-1931
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

FATHER
13. NAME L. L. Tollie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo.

MOTHER
15. MAIDEN NAME Lena Ellen Farriss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

17. INFORMANT (ADDRESS) S. L. Tollie Unionville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond Mo DATE Nov 18 1931
19. UNDERTAKER (ADDRESS) Comstock Marc Co Unionville Mo
20. FILED Dec 16 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 16, 1931
I last saw him alive on Dec-16, 1931. Death is said to have occurred on the date stated above, at 1.45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall of Rock in Coal Mine	12/15/31
2:1 M	

Other contributory causes of importance:
Fracture of Spine 3rd Dorsal.
Compression of Cord.

Name of operation Mo. Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/15, 1931
Where did injury occur? Unionville Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Coal mine, Putnam Co. Mo
Manner of injury Fall of Rock.
Nature of injury Fracture Spine Compression

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. Neal Martin, M. D.
(Address) Unionville Mo