

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

Do not use this space.

1418

44 PLACE OF DEATH  
 5 County Jasper Registration District No. 408  
 7 Township Marion Primary Registration District No. 3020  
 City Carthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Cornelius J. Tooley  
 (a) Residence, No. 603 E. Centennial 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. 3 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</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>Elizabeth Tooley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16, 1860</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>6</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>	
	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) <u>North Liberty 2 Iowa</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31 Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 2 Pennsylvania</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Ogle Chamberlain Carthage, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Quia City, Mo.</u> DATE <u>Jan. 21, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Kenneth Mortuary Carthage, Missouri</u>		
20. FILED <u>121</u> 19 <u>32</u> <u>Willpehar</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Jan 19, 1932  
 I last saw him alive on Jan 19, 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of liver Date of onset Unknown  
46E  
 Other contributory causes of importance 46E  
arteries

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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 \_\_\_\_\_ (3)

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Albert B. Wheeler, D.D.  
 (Address) Carthage, 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.

FILED 24 1932

