

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

Do not use this space.

5386

File No. _____
Registered No. 50
St. _____ Ward _____

1. PLACE OF DEATH

64 County Marion Registration District No. 547
1 Township Y Primary Registration District No. 3029
8 City Hannibal (No. 1258) Byon

2. FULL NAME Harry A. Tomer

(a) Residence, No. 1258 Byon 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. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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) March 26, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
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) Cincinnati Ohio 2

13. NAME Isaac C. Tomer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31 not known

15. MAIDEN NAME Charlotte G. Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portland Maine 2

17. INFORMANT R. E. Tomer (Brother)
(ADDRESS) 1258 Byon St. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE Feb. 16, 1932

19. UNDERTAKER Wm M Smith
(ADDRESS) 909 Broadway Hannibal, Mo.

20. FILED Feb 14, 1932 E. Cassas
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932 to Feb 12, 1932
I last saw him alive on Feb 12, 1932 Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset 2/7/32
Cholelithiasis
958
276
Other contributory causes of importance myocarditis March 1931

Name of operation _____ 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? _____ 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) H. L. C. Baker, M. D.
(Address) Hannibal Mo.

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.

MAR 24 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

