

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

Do not use this space.

9249

1. PLACE OF DEATH

County Martin
Township Mason
City Hannibal (No. Severing Hospital)

Registration District No. 547
Primary Registration District No. 3079

File No. _____
Registered No. 90
St. 6 Ward

2. FULL NAME

(a) Residence, No. 2712 Hope St. 6 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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>Gas - Clancy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug - 31, 1866</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>6</u>	DAYS <u>87</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamington 2</u> <u>Java</u>		
13. NAME <u>David Tolman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Susie Wilson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>H. Clancy</u> (ADDRESS) <u>2712 Hope St Hannibal Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olivet Cem</u> DATE <u>March 8th 1932</u>		
19. UNDERTAKER <u>James O. Daniel</u> (ADDRESS) <u>Hannibal Mo</u>		
20. FILED <u>3/19 1932</u> <u>Clancy's</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1932 to March 1, 1932

I last saw him alive on March 1, 1932 Death is said to have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance were as follows:
Cardiac Renal
failure
95B

Date of onset 2-7-32

Other contributory causes of importance: none

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?
If so, specify _____
(Signed) J. A. Kroll, M. D.
(Address) Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly understood.

APR 28 1932

