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.

APR 3 1932

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

Do not use this space.

11509

1. PLACE OF DEATH
County Andrain — Registration District No. 79 — File No. 9
Township Daling — Primary Registration District No. 5036 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Henry Toalson
(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 M
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) Sept 24 - 1845
7. AGE YEARS 86 MONTHS 6 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo. 1

FATHER
13. NAME James Toalson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

MOTHER
15. MAIDEN NAME Lovie Toalson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Warren W. Toalson
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pisgah Cem. DATE Apr. 12 1932
19. UNDERTAKER (ADDRESS) Barnes F. and U. Co. Sturgeon Mo.
20. FILED Apr. 11 1932 E. N. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 - 1932
22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1932, to Apr 10 - 1932
I last saw him alive on Apr. 10 - 1932 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Bronco Pneumonia — Date of onset
107A
108B
107A

Other contributory causes of importance:
Colitis

(1)

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Stethoscope 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) E. N. Gentry, M. D.
(Address) Sturgeon Mo.