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 Jackson — Registration District No. 39 — File No. 12845
Township Kaw — Primary Registration District No. 100 — Registered No. 1787
City Kansas City (No. 2013 Belleview St. 1787 Ward)

2. FULL NAME John Toman
(a) Residence, No. 2013 Belleview St., 3 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Ida Toman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25 1856
7. AGE: YEARS 75 — MONTHS 4 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brick-mason
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): New York

FATHER
13. NAME: John Toman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary O'Neil
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs Ida Toman 2013 Belleview
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem DATE Apr 30 1932
19. UNDERTAKER (ADDRESS): Quirk & Tobin Co. 20 West Linwood
20. FILED 4/29 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Apr 27, 1932
I last saw him alive on Apr 22, 1932 Death is said to have occurred on the date stated above, at 7:15 P M
The principal cause of death and related causes of importance were as follows:
Carcinoma of the stomach (pylorus) — Date of onset: Fall 1931?
D 46 B
Other contributory causes of importance: none
Name of operation ..... Date of .....
What test confirmed diagnosis? X Rays 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) Amin Bontras, M. D.
(Address) 4026 Main St KC Mo