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

Do not use this space.

13398

File No.

Registered No. 36

1. PLACE OF DEATH

County Nodaway — Registration District No. 628

74 Township — Primary Registration District No. 3031

9 City Maryville (No. ..., ... St. ..... Ward)

2. FULL NAME Ida Catherine Toel

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

MAY 26 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Toel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 2 – 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	2	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 2-5

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co Mo

PARENTS

10. NAME OF FATHER John Harn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

12. MAIDEN NAME OF MOTHER Justine Pool

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Elmer Frasher
(Address) Maryville Mo

15. FILED 4-4, 1932 Maurice E Clardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1931, to Apr. 1st, 1932 that I last saw her alive on April 1st, 1932, and that death occurred, on the date stated above, at 11-15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cause unknown (1)

127A

71B (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Anemia, - Cholicystitis

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? 1 Pf

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab

(Signed) L. E. Dean, M. D.

, 19 (Address) Maryville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery — DATE OF BURIAL 4/3 1932

20. UNDERTAKER Price Fur Co — ADDRESS Maryville Mo