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.

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

Do not use this space.

24288

File No. 6405

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis (No. Missouri Pacific Hospital. St. ..... Ward)

2. FULL NAME Chas. Robt. Tolliver

(a) Residence, No. Goff, Kans St., 17 Ward. Goff, Kans.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1862-8-28

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Agent. 96

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Agent.

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) Louisville, Ky. 2

FATHER

13. NAME George Tolliver,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

MOTHER

15. MAIDEN NAME Mary Lyons,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

17. INFORMANT (ADDRESS) Ruth Shaffer Goff, Kan.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Goff, Kan. DATE 7/11/32 19

19. UNDERTAKER (ADDRESS) Robert Lambrecht, Inc. Clayton Road at Concordia Lane.

20. FILED JUL 11 19 Max O Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1932, to July 11, 1932

I last saw him alive on July 10, 1932 Death is said to have occurred on the date stated above, at 4:50 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia, Myocarditis, chronic Hypertension 93C Arterial Sclerosis 107A 97

Date of onset

Other contributory causes of importance:

Senile Dementia 93C

Name of operation none Date of .....

What test confirmed diagnosis? ..... 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) Royal A. Weir, M. D.

(Address) Mo Pac Hospital St Louis, Mo