

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.

OCT 24 1932

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

Do not use this space.

25

85

28545

1. PLACE OF DEATH

County Buchanan

Registration District No. ....

Township

Primary Registration District No. 1001

City St. Joseph

(No. ....)

State Hosp. 2

File No. ....

Registered No. 9115

St. ....

Ward) ....

2. FULL NAME Pauline Toub

(a) Residence, No. Sampel Mo St.,

Ward. Sampel Mo

(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

3. SEX

Female

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) Aug 27-1901

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

31

0

22

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

None

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)

Sampel Mo

13. NAME

A. G. Toub

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Sampel Mo

15. MAIDEN NAME

Mollie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Sampel Mo

17. INFORMANT (ADDRESS)

Records, State Hosp #2 St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sampel Mo DATE Sept 20, 1932

19. UNDERTAKER (ADDRESS)

J. D. Gordonville St. Joseph Mo

20. FILED

9-19-32

John R. Bender Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1929, to Sept 19, 1932

I last saw her alive on Sept 18, 1932. Death is said

to have occurred on the date stated above, at 3:40 p.m.

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

Pulmonary Tuberculosis Date of onset 2/8/32

23A  
23

Other contributory causes of importance:

Mental Deficiency without Psychosis

Name of operation

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? (1) Date of injury

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) W. Clayton Smith, M. D.

(Address) State Hosp #2 St. Joseph Mo

