

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

Do not use this space.

35109

1. PLACE OF DEATH

23 County Clark Registration District No. 190
Township Lincoln Primary Registration District No. 5262
City (No. _____) St. _____ Ward _____

2. FULL NAME

Ellen Frances Toops

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F. M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Toops</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6, 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS _____
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 59</u>	11. Total time (years) spent in this occupation <u>23 1/2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>23 1/2</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 1</u>		
FATHER	13. NAME <u>Harrison Toops</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Albany 2</u>	
MOTHER	15. MAIDEN NAME <u>Sophia Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana 2</u>	
17. INFORMANT <u>John Toops</u> (ADDRESS) <u>Kahoka, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kahoka, Mo.</u> DATE <u>Nov. 7, 1932</u>		
19. UNDERTAKER <u>Ed Charles</u> (ADDRESS) <u>Kahoka, Mo.</u>		
20. FILED <u>Nov 7, 1932</u> Registrar <u>Edwards</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932 to Oct 29th, 1932
I last saw her alive on Oct 29th, 1932 Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:
diabetic Gangrene of Right Foot and apoplexy Date of onset _____

Other contributory causes of importance
diabetes 59

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Grace Gravelle
(Address) Kahoka, Mo.

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 equally important.

