

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

Do not use this space.

38794

**1. PLACE OF DEATH**

17 County Carroll Registration District No. 130  
 3 Township Carrollton Primary Registration District No. 3016  
 4 City Carrollton (No. ) St. Ward

File No. \_\_\_\_\_  
 Registered No. 109

**2. FULL NAME**

Ida K. Tomlin  
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 55 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 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) Carroll Co, Mo

MOTHER 13. NAME John Collier

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

15. MAIDEN NAME Charlotte Neal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burns Co Ky

17. INFORMANT (ADDRESS) Mrs Charlotte Collier  
Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 1-1-1932

19. UNDERTAKER (ADDRESS) Willis Funeral Home  
Carrollton Mo

20. FILED 12-30 1932 Mrs S. E. Farnham (Address) Carrollton Mo  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1932 to 12-30 1932

I last saw her alive on 12-30 1932. Death is said to have occurred on the date stated above, at 7 a.m.

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

mitral Regurgitation Date of onset 92A  
95B  
acute dilatation of heart  
 Other contributory causes of importance: ①

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 \_\_\_\_\_, 1932

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) R. H. Benson JEW, M. D.

(Address) Carrollton Mo

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.

JAN 22 1933

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