MAY 22 1933

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

Do not use this space.

8524

File No.

Registered No. 7

1. PLACE OF DEATH

10 County: Boone

Township: Missouri

City: (No. St. Ward)

Registration District No. 78

Primary Registration District No. 5115B

2. FULL NAME: Frances Toliver

(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: Female

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: Toliver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-19-1844

7. AGE: Years 88 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

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: ✓

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Benjamin Cordell

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: ? Simpson

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT: Matilda Todd
(ADDRESS): Rocheport, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old Union DATE: 3-29, 1933

19. UNDERTAKER: W. T. Vandiventer
(ADDRESS): Columbia Mo

20. FILED: 4/29, 1933 Mary Magnuder Angell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 10, 1933, to, 19..

I last saw h. alive on Mch 10, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

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

	Date of onset
Valvular heart disease	
7A	
12A	
97	

Other contributory causes of importance:
Arteriosclerosis

Name of operation: ✓ Date of

What test confirmed diagnosis? Phys. Ex. 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) P. R. Robinson, M. D.
(Address) Columbia 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 very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2