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

Do not use this space.

12163

1. PLACE OF DEATH
County: Warren
Township: Charrette
City: (No. St. Ward)
Registration District No.: 8 8 4
Primary Registration District No.: 8 1 7 6
File No.:
Registered No.: 10

2. FULL NAME: Walter Toelke

(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. 2 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): Married

5A. If ~~married, widowed, or divorced~~ HUSBAND OF ~~(or wife of)~~: Tillie Toelke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 29 1898

7. AGE: Years 34 | Months 4 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): Not Known

FATHER
13. NAME: Rudolph Toelke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known

17. INFORMANT (ADDRESS): Tillie Toelke Marthasville Mo

18. BURIAL, CREMATION, OR REMOVAL: Washington Mo DATE Mar 13 1933

19. UNDERTAKER (ADDRESS): Fred W Luchtenberg Marthasville Mo

20. FILED Nov 12 1933 G C Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1933 to Nov 11 1933
I last saw him alive on Nov 12 1933. Death is said to have occurred on the date stated above, at 5:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis with Diabetic Coma	Nov

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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) G C Johnson, M. D.
(Address) Marthasville 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.