MAY 22 1933

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

Do not use this space.

12341

File No. .....

Registered No. 15

Registration District No. 59

Primary Registration District No. 3094

8

1. PLACE OF DEATH
County Benton
Township Williams
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Heinrich Tobaben

(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: 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 Mrs Katie Toboban

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-1852

7. AGE 80 YEARS 8 MONTHS 13 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Missouri

FATHER

13. NAME Peter Toboban

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

MOTHER

15. MAIDEN NAME Brauer

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

17. INFORMANT (ADDRESS) Mrs John H Toboban

18. BURIAL, CREMATION, OR REMOVAL PLACE Brauersville DATE 4-5-1933, 19

19. UNDERTAKER (ADDRESS) E L Eickhoff Cole Camp Mo

20. FILED 5-1-, 1933 Harry Bay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to April 3, 1933

I last saw him alive on Dec 14, 1932. Death is said to have occurred on the date stated above, at 7:50 A M

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

	Date of onset
Mitral Lesion	

Other contributory causes of importance:

Name of operation no 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?

If so, specify

(Signed) Harry Bay, M. D.

(Address) Cole Camp 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.