

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

Do not use this space.

1. PLACE OF DEATH  
 48 County JACKSON Registration District No. 397  
 Township PRAIRIE Primary Registration District No. 4234  
 City GREENWOOD (No. WAYNE HUNT RESIDENCE) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME AL L. TOELLE  
 (a) Residence, No. GREENWOOD, MO. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 23008  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>DIVORCED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XXXXXX XXXXXXXX XX XXXX</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-29-1880</u>		
7. AGE	YEARS	MONTHS
	<u>53</u>	<u>2</u>
		DAYS
		<u>16</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<b>FARMER</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<b>FARMING</b>
	10. Date deceased last worked at this occupation (month and year) <u>1933</u>	11. Total time (years) spent in this occupation <u>XXXX</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KANSAS CITY MO.</u>		
FATHER	13. NAME <u>JOHN TOELLE</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NEW YORK CITY N.Y.</u>	
MOTHER	15. MAIDEN NAME <u>KATHERINE PAUL</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CINCINNATI OHIO</u>	
17. INFORMANT <u>MISS MILLIE TOELLE</u> (ADDRESS) <u>1905 HARDESTY AVE. K. C. MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>GREENWOOD MO.</u> DATE <u>JULY 17, 1933.</u>		
19. UNDERTAKER <u>STAHL'S FUNERAL HOME</u> (ADDRESS) <u>INDEPENDENCE MO.</u>		
20. FILED <u>Sept 9</u> 19 <u>33</u> <u>Mrs. F. D. Sample</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22 1933 to July 15 1933  
 I last saw him alive on July 15 1933 Death is said to have occurred on the date stated above, at 2:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebrous of sternal.  
46 B  
93 C  
4 D  
 Other contributory causes of importance:  
Chronic myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Thyroid 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) Wm. H. Peters \_\_\_\_\_, M. D.  
 (Address) 1510 S. Main St. 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.

SEP 26 1933

Ms. A. 9. 8. Sample