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

Do not use this space.

32590

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No.
Township — Primary Registration District No. 3015 — Registered No.
City Boonville (No. 91 St. Ward)

2. FULL NAME Mrs. Caroline Toennes.
(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.

NOV 10 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Richard Toennes.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 23-1861

7. AGE: YEARS 72 — MONTHS 4 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Oct 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hallow Switzerland.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland.

17. INFORMANT (ADDRESS): Geo Morfile Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Walnut Grove Cem. DATE: Oct 22 1933

19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville Mo

20. FILED: Oct 20 1933 D. A. W. Bozworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 — 1933, to Oct. 19th, 1933
I last saw her alive on Oct 18 — 1933. Death is said to have occurred on the date stated above, at 7 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diabetes	2 mk
59	59

Other contributory causes of importance:

Name of operation X Date of X
What test confirmed diagnosis? Clinical 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, 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) H. D. Tingg, M. D.
(Address) Boonville Mo.