

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

Do not use this space.

1934

1. PLACE OF DEATH

County Montgomery Registration District No. 593
 Township Donnell Primary Registration District No. 435-1
 City New Florence Mo (No. _____) St. _____ Ward _____

File No. 10
 Registered No. 10

2. FULL NAME William J. Toalson

(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. da. 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 Un Known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6 th 1896

7. AGE YEARS 37 MONTHS 10 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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 John H. Toalson

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

MOTHER 15. MAIDEN NAME Elizabeth Turner

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

17. INFORMANT Warren Toalson
 (ADDRESS) Sturgeon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pisgah DATE 1/27/34 19.

19. UNDERTAKER Sims & Barnes
 (ADDRESS) Sturgeon Mo

20. FILED 2/10 34 James O. Helm MD
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to Jan 25, 1934
 I last saw death was instant, 19____. Death is said

to have occurred on the date stated above, at 11:20 am
 The principal cause of death and related causes of importance were as follows:

Coverer, Jan verdict, accident hit by Walnut train No. 3 engine No. 695. Skull crushed.

Other contributory causes of importance:

2065

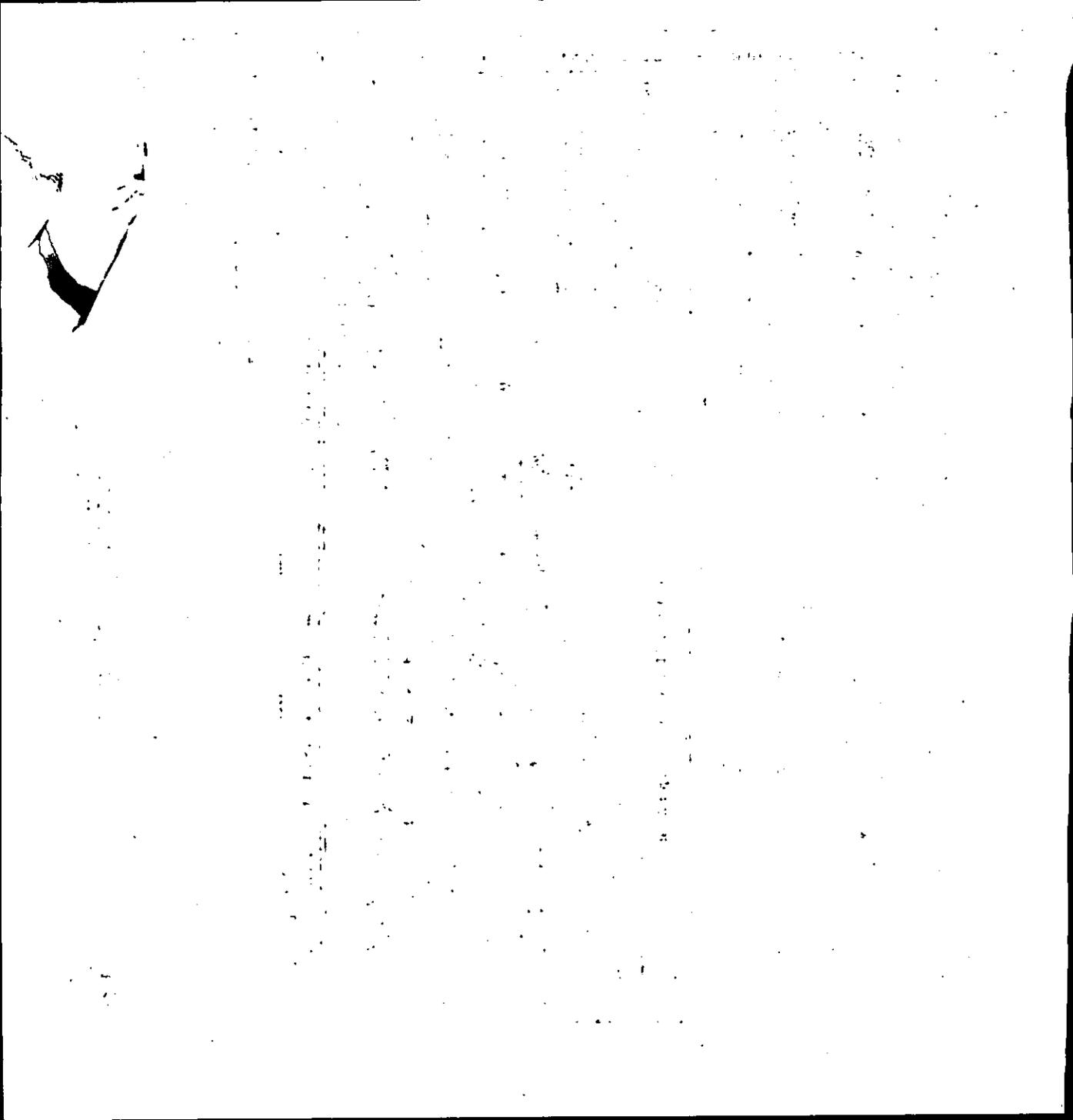
Name of operation _____ Date of _____
 What test confirmed diagnosis Cornus Inj Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 1-25-1934
 Where did injury occur on Highway 19 when crossed Walnut R.R.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury hit by No. 3 Walnut train
 Nature of injury Skull and brain crushed

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

(Signed) James O. Helm M. D.
 (Address) Cornier Montgomery County
New Florence, Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Montgomery Registration District No. 593 File No. 1934
 Township _____ Primary Registration District No. 4351 Registered No. _____
 City New Florence (No. _____) St. _____ Ward _____

2. FULL NAME

William J. Tolson
 (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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 1/25 1934 James O. Helton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Coroner jury verdict last night that death was due to skull crushed while riding in Truck
 Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 25, 1934
 Where did injury occur? Wagon R.R. crossing Highway 19 2 mi. West New Florence, Mo. (Specify city, town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Truck hit by Train
 Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) James O. Helton M. D.
 (Address) New Florence Mo.

SUPPLEMENTARY

206

Date of onset

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-1934