

MAR 24 1934

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

Do not use this space.

County *Livingston*

PLACE OF DEATH

County *Mooreville*Registration District No. *512*File No. *5653*

Township

Primary Registration District No. *4310*Registered No. *6*City *Mooreville Mo* (No.)

St. Ward)

2. FULL NAME *Silas David Tomlin*(a) Residence, No. *Mooreville* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OF RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Wid.*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-12* 19*34*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *?*22. I HEREBY CERTIFY, That I attended deceased from *Feb 1* 19*34* to *Feb 12* 19*34*I last saw him alive on *Feb 12* 19*34* Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 7, 1872*to have occurred on the date stated above, at *6.30* m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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

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

Myocardial Chrysis, Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

of several yrs starting *52*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

P.S.C. *930*Other contributory causes of importance: *None*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mooreville Mo*13. NAME *John W Tomlin*

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carrollton Mo*What test confirmed diagnosis? Was there an autopsy? *No*15. MAIDEN NAME *Susan Engart*

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Buckneridge Mo*

Accident, suicide, or homicide? Date of injury 19

17. INFORMANT *Opal Tomlin* (ADDRESS) *Hannibal Mo*

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE *Mooreville* DATE *2-15* 19*34*

Manner of injury

Nature of injury

19. UNDERTAKER *F.B. Norman* (ADDRESS) *Chellicothe Mo*24. Was disease or injury in any way related to occupation of deceased? *No*20. FILED *Feb 14* 19*34* *Anna Carpenter* Registrar.

If so, specify

(Signed) *Geo Moore* M. D.(Address) *Chellicothe 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.

WHILE EXAMINING WITH EMPLOYING INSTITUTIONS THIS IS A PERMANENT RECORD

