

MAR 24 1934

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

Do not use this space.

5874
21

1. PLACE OF DEATH

County NewtonRegistration District No. 609Township NeoshoPrimary Registration District No. 3e3City Neosho (No. Sale Hospital)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Ruby Tosh

(Usual place of abode)

St. Ward.

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virgil Tosh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 2 1908</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>9</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Teacher</u>
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) <u>Mc Donald Co Mo</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>B. J. Jennings</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Mc Donald Co Mo</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Jada Harris</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Mc Donald Co Mo</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Virgil Tosh</u> (ADDRESS) <u>Neosho Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cosman Mo</u> DATE <u>2/20 34</u>		
19. UNDERTAKER <u>Chas Willeams</u> (ADDRESS) <u>Neosho Mo</u>		
20. FILED <u>3-10</u> 19 <u>34</u> <u>Dr. C. M. Roseberry</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 34 to Feb. 19 34, 1934
I last saw her alive on Feb. 19 1934. Death is said
to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
General (Date of onset 2/19/34)
or Peritonitis
Following Child Birth

Other contributory causes of importance:
Double Salpingitis (Date of onset not known)

Name of operation no Date of ex
What test confirmed diagnosis? no Was there an autopsy? ex

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 Cholera (Signature Chas Willeams, M. D.)
(Address) Neosho 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.

