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.

APR 25 1934

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

Do not use this space.

10539

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No.
Township — Primary Registration District No. 1003 — Registered No. 2353
City St Louis (No. 5631 Bartmer Ave St. Ward)

2. FULL NAME John W. Tommerson
(a) Residence, No. 5631 Bartmer Ave 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26th 1858

7. AGE: YEARS 75 — MONTHS 5 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Durlaque Mfg Co
10. Date deceased last worked at this occupation (month and year) May 1933
11. Total time (years) spent in this occupation No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County, Mo

FATHER
13. NAME John Wm Tommerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Ann Isabella Austin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

17. INFORMANT (ADDRESS) Greenkel 5103a Enright Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Carrolton Mo DATE Mrch 8th 1934

19. UNDERTAKER (ADDRESS) Wagoner Und Co 3621 Olive St.

20. FILED ..... 19.. J F Bredeck Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 14, 1933, to Mar 6th, 1934
I last saw him alive on Mar 6th 1934 Death is said to have occurred on the date stated above, at 12 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Chronic nephritis	1933
131	

Other contributory causes of importance: Prostatitis 26 Senility

Name of operation Cardiovascular Prostate Date of June 1933
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) John W. Vaughn M. D.
(Address) 4900 Washington Ave