

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

Do not use this space.

JAN 8 1935

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**1. PLACE OF DEATH**

County McDonald Registration District No. 9.6.3  
Township Elk River Primary Registration District No. 3-6.9.2  
City Noel, Mo. (No. .... St. .... Ward)

**2. FULL NAME** John Lewis Toothaker

(a) Residence, No. .... St. .... 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) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th 1852  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 1 II

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) 20 years 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham County Illinois

13. NAME William Toothaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Wm Toothaker Jr  
Noel Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Noel Cemetery DATE July 2nd 1934

19. UNDERTAKER (ADDRESS) Nichols Brothers  
Southwest City Mo

20. FILED 12-6- 1934 C. Alexander  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st 1934

22. HEREBY CERTIFY, That I attended deceased from Patent was dead when 19...  
I last saw I arrived 7-1-34 19... Death is said to have occurred on the date stated above, at 6:45 AM  
The principal cause of death and related causes of importance were as follows:

Probable Heart Disease  
Patent was not seen by a doctor before death!  
Other contributory causes of importance: 95 B Semblity 16 1/2  
200

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? ..... 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 R. E. Starnack M.  
(Signed) Southwest City Mo  
(Address) .....

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.

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FACTS

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