

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City *St. Louis Mo* (No. *City Hospital No 2*)

File No. **27516**
 Registered No. **7761**
 St. Ward)

2. FULL NAME

Henry Tolson Jr.
 (a) Residence, No. *1512a Wash* St., *25* 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 *Male* | 4. COLOR OR RACE *Col* | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 29, 1932*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
~~1~~ *1* ~~9~~ *27*

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

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) *St Louis Mo*

13. NAME *Henry Tolson*

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

15. MAIDEN NAME *Beatrix Will Ma*

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

17. INFORMANT *Henry Tolson* (ADDRESS) *1512a Wash*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington* DATE *July 30, 1934*

19. UNDERTAKER *A. J. Beal and Co* (ADDRESS) *272 E. Lucas Ave*

20. FILED *J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 26, 1934*

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h. alive on....., 19____. Death is said to have occurred on the date stated above, at *8:00 P* m.

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

Pressure Heart.

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?..... 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) *Harold Beckwith* M. D.

(Address) *128 1/2 E. 20th St*

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.
 AUG 16 1934

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