FEB 5 1935

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

Do not use this space.

290

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 114

City St. Joseph, Mo. (No. ~~405½ Felix~~ St. Josephs Hospital St. Ward)

2. FULL NAME David Tootle

(a) Residence, No. 405½ Felix St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Pearl Tootle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 24, 1892

7. AGE: YEARS 42 — MONTHS 5 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Merchant
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): Jan 20 1934
11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Russia

FATHER

13. NAME: Samuel Tootle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Russia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Pearl Tootle 405½ Felix

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sharre Sholem DATE 1-29 1935

19. UNDERTAKER (ADDRESS): FLEEMAN MORTUARY, INC. St Joseph Mo

20. FILED 1-28- 1935 John R. Bender 2, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1934, to Jan. 26, 1935
I last saw him alive on Jan. 25, 1935. Death is said to have occurred on the date stated above, at 3:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Angina Pectoris	1-12-34

Other contributory causes of importance:

94 a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) W H Saferstein, M. D.
(Address) 620 Francis

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.