

MAR 1 1935

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

Do not use this space.

2623

1. PLACE OF DEATH

County St. Clair Registration District No. 765 File No.
Township Primary Registration District No. 4460 Registered No. 7
City Osceola (No.) St. Ward)

2. FULL NAME

William F. Hillmore Tolson
(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 11. Total time (years) spent in this occupation
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME William F. Tolson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT William F. Tolson(ADDRESS) Osceola

18. BURIAL, CREMATION, OR REMOVAL

PLACE Osceola DATE 1/20 193519. UNDERTAKER Arthur(ADDRESS) Osceola20. FILED 2/18 1935 Ruth Seavers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan 10 1935 to Jan 19 1935I last saw him alive on Jan 18 1935 Death is saidto have occurred on the date stated above, at 8:30 m.

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

acute myocarditis Date of onset

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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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