

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.

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

Do not use this space.

10340

APR 26 1935

## 1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City St. Francois (No.     )

Registration District No. 773  
Primary Registration District No. 6018A

File No. 43  
Registered No.       
St.      Ward     

## 2. FULL NAME

(a) Residence, No.      St.      Ward.     

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John M. Doss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 11 3-16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1935-3-4  
1955-3-18  
79-11-16

10. Date deceased last worked at this occupation (month and year) December 1935 11. Total time (years) spent in this occupation     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo13. NAME Joel Tolman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Quinn Murphy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Republic17. INFORMANT (ADDRESS) Mrs. Nellie O. Cannon

18. BURIAL, CREMATION, OR REMOVAL PLACE Tolman Cemetery DATE 3/6/35

19. UNDERTAKER (ADDRESS) Farmington Hill Co.20. FILED March 18 1935 - B. J. Robinson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1935 to March 4, 1935

I last saw her alive on Feb. 28, 1935. Death is saidto have occurred on the date stated above, at      m.

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

General Arteriosclerosis Date of onset     

Other contributory causes of importance:     Name of operation Phlebotomy 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?

If so, specify     (Signed) R. J. Robinson, M. D.(Address) Farmington Mo

18. 18. 18.