

JUL 22 1935

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

Do not use this space.

19700

1. PLACE OF DEATH

County Jackson  
Township Kani  
City K. C. Mo

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 2338  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Alice Tobin

(a) Residence, No. 1005 Agnes St., \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Tobin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec - 29 1869</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>5</u>
	DAYS <u>6</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Kanada</u>		
MOTHER	13. NAME <u>John Kane</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Mary</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
17. INFORMANT <u>Lucy Jones</u> (ADDRESS) <u>1005 Agnes, av</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>6/27/35</u>		
19. UNDERTAKER <u>W. H. C. Foster</u> (ADDRESS) <u>718 Broadway, av</u>		
20. FILED <u>6/7 1935</u> M. M. <u>McDonnell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1935, to June 5, 1935  
I last saw her alive on June 5, 1935 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Acute dilatation of heart  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic Myocarditis 1 yr.  
Valvular disease of heart 1 yr.

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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. C. ... M. D.  
(Address) 6520 Indef. Ave

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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