

AUG 20 1935

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

Do not use this space.

23076

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township BluePrimary Registration District No. 399City Kansas City (No. Leeds The Hospital)

File No.

Registered No. 2817

St. Ward)

2. FULL NAME Walter Tomlinson(a) Residence, No. 3825 Fuller St., Ward.

(Usual place of abode)

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iris Tomlinson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 19057. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
29 10 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trambol Driver

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) Mo13. NAME Guy Tomlinson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Eunna Morrow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT R.C.T.B. Hospital (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin Mo DATE 7/12 19. 3019. UNDERTAKER Hope Furn. & Undert. Co. (ADDRESS) Gallatin Mo20. FILED 7-12 1935 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 193522. I HEREBY CERTIFY, That I attended deceased from June 27 1934 to July 12 1935I last saw him alive on July 12 1935 Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Pulmonary tuberculosis Date of onset June 1934Other contributory causes of importance: NoneName of operation None Date of None
What test confirmed diagnosis? X-ray 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) J. Hoffman M. D.
(Address) R.C. Tuberculosis Hospital
Leeds, Mo.

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.

