

OCT 17 1935

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

Do not use this space.

28804

**1. PLACE OF DEATH**County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph, Mo. (No. 2600) Monterey

File No.

Registered No. 1012

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William R. Tolin(a) Residence, No. 2600 Monterey 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)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Josephine Tolin**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Mar. 17, 1854**7. AGE**

YEARS

81

MONTHS

6

DAYS

13

If LESS than 1 day, ..... hrs. or ..... min.

**OCCUPATION****8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**Employee, Swift**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.**& Co.**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)** Powell County, Ky.**MOTHER****13. NAME** Richard H. Tolin**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown  
Unknown**15. MAIDEN NAME** Elizabeth Jewitt**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown  
Unknown**17. INFORMANT (ADDRESS)** Mrs. Josephine Tolin  
St. Joseph, Mo.**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Ashland Cem. Oct 3- 1935**19. UNDERTAKER (ADDRESS)** FLEEMAN & SON INC.**20. FILED** 10-1- 1935 John R. Bender Registrar**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept. 30 1935**22. I HEREBY CERTIFY, That I attended deceased from**Aug 15, 1935, to Sept 30, 1935I last saw him alive on Sept 29, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

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

Arterio Sclerosis generalDate of onset  
Post  
mar.

Other contributory causes of importance:

Broncho Pneumonia

9-28-35

Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Exam 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) C. M. Shores M. D.(Address) 317 W. 13th St. St. Joseph, 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.

