OCT 25 1935

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

Do not use this space.

30091

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3079 — Registered No. 268

City Hannibal (No. St Elizabeth Hospital St. Ward)

2. FULL NAME Earl G. Tongate

(a) Residence, No. 554 Flora ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May. 11. 1913

7. AGE: YEARS 22 — MONTHS 3 — DAYS 30 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Fireman
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): Hannibal. mo

FATHER
13. NAME: Earl. T. Tongate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal mo

MOTHER
15. MAIDEN NAME: Jna. Grant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): mo

17. INFORMANT (ADDRESS): Mrs. Chas Knopp. 554 Flora ave. Hannibal. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE 9/12/35 19

19. UNDERTAKER (ADDRESS): James O'Donnell Hannibal mo

20. FILED Sept 13 1935 R. H. Johnston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 30 a.m.

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

"Inquest Pending" 210

Fractured Skull

Date of onset

Other contributory causes of importance: No medical attention.

Name of operation none 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? accident Date of injury ....., 1935

Where did injury occur? Hannibal, Marion Co. mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Street

Manner of injury automobile wreck - Lt. curb & light pole

Nature of injury Head injury of (Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Cecil E. Schwartz ~~M.D.~~

(Address) Hannibal, MO. Coroner, Marion Co. 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.

CECIL E. SCHWARTZ
CORONER
MARION COUNTY, MISSOURI
1000 BROADWAY
HANNIBAL, MO.

2 5 1935

September 30, 1935.

ate of Missouri)
unty of Marion)

I hereby certify that I held an
quest over the remains of Earl Tongate who was
lled in Hannibal, Missouri on September 10, 1935.
ry viewed body on September 10th and finished
quest on September 30, 1935.

Verdict of jury as given me by
reman is as follows:

Earl Tongate came to his death
In an automobile accident caused by losing control
car he was driving while traveling at a high rate of
bed".

Signed,

Cecil E. Schwartz.
Cecil E. Schwartz.
Coroner, Marion Co., Mo.

S-30091