FEB 11 1936

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

Do not use this space.

791

1003

3013

File No.

Registered No. 212

1. PLACE OF DEATH

County

Township

City (No. en route City Hosp. #2, St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Oliver Toney

(a) Residence, No. 417 S. 15 St. St., 25 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	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	28	5	12	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reborn

10. Date deceased last worked at this occupation (month and year) common

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis MO

FATHER

13. NAME Gordon Toney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER

15. MAIDEN NAME Delia Charlton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dee

17. INFORMANT Gordon Toney
(ADDRESS) 417 S. 15 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father City DATE Jan 8 1936

19. UNDERTAKER Cynthia L. Toney
(ADDRESS) 3129 Lucas Ave

20. FILED JAN 7 1936 19.... J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 1936

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 11:45 P.

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

	Date of onset
Arterio-sclerosis; Chronic Myocarditis; Acute Congestion Lungs; Chronic Interstitial Nephritis.	(Mo., day, yr.)

Other contributory causes of importance: 131

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Harold L. Ohlmeyer, M. D.

(Address) St. Louis 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

S. No. 2