

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.

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

Do not use this space.

FEB 20 1936

7183

1. PLACE OF DEATH

County Pike

Registration District No. 684

Township Chavez

Primary Registration District No. 4408

City Bowling Green

File No. 16

Registered No. 16

St. _____ Ward)

2. FULL NAME John Wesley Tomb

(a) Residence No. _____ St. _____ Ward. _____

(Usual place of abode)

St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ada A. Tomb (Deed)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1855

7. AGE

YEARS 80

MONTHS 6

DAYS 22

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

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation _____

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Near Bowling Green
(STATE OR COUNTRY) Pike Co Mo

13. NAME Jim Tomb

14. BIRTHPLACE (CITY OR TOWN) Pike Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Green

16. BIRTHPLACE (CITY OR TOWN) Pike Co Mo
(STATE OR COUNTRY)

17. INFORMANT Claude Barger
(ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Concord Amety

DATE Feb. 8, 1936

19. UNDERTAKER W. B. Emore
(ADDRESS) Bowling Green Mo

20. FILED _____, 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-36, 1936

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

I last saw him alive on 2-6-36, 19____. Death is said to have occurred on the date stated above, at 3:00 m.

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

2-1-36

Bronchial Pneumonia

Date of onset

Other contributory causes of importance: 1073

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

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) T. H. Wilcox

M. D.

(Address) Bowling Green Mo

