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

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.

MAY 20 1936

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No. 14743
Township — Primary Registration District No. 3016 — Registered No. 36
City Washington, Mo. (No. ..., ... St. ... Ward)

2. FULL NAME Aloysius H. Tobben,
(a) Residence, No. Krakow, Mo. R. F. D. St., ... Ward. Krakow, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred X yrs. X mos. 7 ds. How long in U. S., if of foreign birth? X yrs. X mos. X 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~~) Amanda Tobben

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1895.

7. AGE: YEARS 40 — MONTHS 10 — DAYS 6 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) Apr. 11, 1936.
11. Total time (years) spent in this occupation life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow, Missouri.

FATHER
13. NAME John H. Tobben,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow, Missouri.

MOTHER
15. MAIDEN NAME Elizabeth Patke,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri.

17. INFORMANT (ADDRESS) Mrs. Amanda Tobben, Krakow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Krakow, Mo. DATE 4/27/36. 19

19. UNDERTAKER (ADDRESS) Nieburg and Vitt, Inc., Washington, Mo.

20. FILED Apr. 24, 1936 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23, 1936., 19

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1936 to 4/23, 1936
I last saw ~~her~~ alive on 4/23, 1936 Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:

Influenza—followed by Bronchopneumonia & Erysipelas

Date of onset

Other contributory causes of importance:

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) [signature], M. D.
(Address) Washington, Mo.