NOV 27 1936

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

Do Herman
Do not use this space.

37385

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 873A
City Springfield (No. 905 N Fremont St. Ward)

2. FULL NAME Mary Jane Toon
(a) Residence, No. 905 N Fremont St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sylvester Toon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-1-1860
7. AGE: YEARS 75 MONTHS 10 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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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): Shade Co. Kentucky

FATHER
13. NAME: James Marshall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Rebecca Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Miss Catherine Toon 905 N Fremont
18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary's DATE Oct 16 1936
19. UNDERTAKER (ADDRESS): Herman Lohmeyer Springfield Mo
20. FILED Oct 15 1936 Chas A Gorgett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 14 1936
22. I HEREBY CERTIFY, That I attended deceased from 10-4 1936, to 10/14/36
I last saw her alive on 10/14 1936. Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia — Date of onset
Bronchial

Other contributory causes of importance:
Gen Senile changes

Name of operation: Pneumonia — Date of
What test confirmed diagnosis? None — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None — Date of injury None, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S F Freeman M.D.
(Address) Springfield 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.