

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

Do not use this space.

JAN 28 1937

43881

**1. PLACE OF DEATH**

County BUCHANAN Registration District No. 85  
 Township WASHINGTON Primary Registration District No. 1001  
 City ST. JOSEPH, (No. 2139 SOUTH NINTH ST.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1577

**2. FULL NAME** CHARLES E. TOTMAN

(a) Residence, No. 2139 SOUTH NINTH ST. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 16, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 7 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SWITCHMAN,  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.R.I & P.RY. Co  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAMERON, MISSOURI

13. NAME CHARLES E. TOTMAN,

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MARGARETTE TOTMAN

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY, DATE DEC. 28, 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC.  
1946 COL HOUN ST. ST. JOSEPH, MO.

20. FILED 12/24 1936 J. Nestlebusch  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 25, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1936 to Dec. 25, 1936

I last saw h. i. m. alive on Dec. 24, 1936 Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Hypostatic pneumonia  
1934  
 Other contributory causes of importance:  
nephro lithiasis  
Vesico-rectal fistula

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_

(Signed) J. E. Charlettens, M. D.  
 (Address) St. Joseph, Mo.

WHITE PAPER, 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.

6.