

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

Do not use this space.

DEC 28 1936

49322

1. PLACE OF DEATH

County Carroll Registration District No. 130
Township..... Primary Registration District No. 3010
City Carrollton (No. 509 Elmy) St. Ward)

File No.....
Registered No. 113

2. FULL NAME

Unnamed Tomlin
(a) Residence, No. St., 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 3, 1936</u>		
7. AGE	YEARS	MONTHS
<u>Stillborn</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) <u>None</u>		11. Total time (years) spent in this occupation <u>Left</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carrollton, Mo.</u>		
13. NAME <u>Ray Tomlin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co</u>		
15. MAIDEN NAME <u>Lillian Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>At Carrollton, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mother Lillian Tomlin Carrollton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Powell</u> DATE <u>Nov 4, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Ames Family</u>		
20. FILED <u>11-4-1936</u> <u>Guth Haslam</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1936 to Nov 3, 1936

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:
Cause not known
Stillborn

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? No
If so, specify.....
(Signed) R. Hamilton Stacey, M. D.
(Address) Carrollton, Mo.

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.

