APR 21 1937

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

Do not use this space.

12526

1. PLACE OF DEATH

County: Livingston — Registration District No.: 514 — File No.: 295

Township: Monroe — Primary Registration District No.: ~~Monroe~~ 560 — Registered No.: 3

City: Ludlow (No. ..., ... St. ... Ward)

2. FULL NAME Nellie Toner

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
30	45	7	24	

OCCUPATION

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

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) Oct. 1936 — 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ludlow Missouri

FATHER

13. NAME James Smith Toner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mooresville Missouri

MOTHER

15. MAIDEN NAME Rachel Alice Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Miss Lou Toner Ludlow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monroe DATE 3/27/37 19

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo.

20. FILED March 27, 1937 Geo Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 24, 1937

I last saw her alive on March 37, 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Date of onset

Valvular incompetence becomes pt and myocarditis (chronic) 1915

Other contributory causes of importance:

None 92a

Name of operation none Date of

What test confirmed diagnosis? None 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) Geo Moore, M. D.

(Address) Ludlow 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.