AUG - 5 1937

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

Do not use this space.

25577

791
1003

File No.
Registered No. 6751

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St Louis (No. St Mutes Hospital St. Ward)

2. FULL NAME Bessie Irene Tolton

(a) Residence, No. DeSoto Mo St., nr 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: Female
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 George C.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1901

7. AGE: YEARS 36 MONTHS 3 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
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) DeSoto Missouri

FATHER

13. NAME William I Hull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER

15. MAIDEN NAME Mary Klutz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Geo C Tolton DeSoto Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DeSoto Mo DATE July 15 1937

19. UNDERTAKER (ADDRESS) Lee Mathershead DeSoto Mo

20. FILED JUL 14 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11 1937, to July 13 1937. I last saw her alive on July 13 1937. Death is said to have occurred on the date stated above, at 11:20 am.

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

	Date of onset
Cardio-renal disease	2 years

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Other contributory causes of importance: Hypertension, Uremia Results of chronic diffuse nephritis

Name of operation Date of
What test confirmed diagnosis? NPN Was there an autopsy? yes

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) A. B. Day (O.E. Wrain) M. D.
(Address) Beaumont Bldg St Louis, 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.

AUG 28 1950