

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 11 1937  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

26373

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 2) Heatley Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wilbert Tolbert  
 (a) Residence, No. 1714 E. 10th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 3706  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Tolbert  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1910  
 7. AGE YEARS 27 MONTHS 6 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed  
 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) Oklahoma  
 13. NAME Harvey Tolbert  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma  
 15. MAIDEN NAME Elizabeth Henderson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka, Kans.  
 17. INFORMANT Virgil Tolbert  
 (ADDRESS) 1714 E. 10th  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Blue Ridge DATE 7-20 1937  
 19. UNDERTAKER Adkins Bros.  
 (ADDRESS) 2000 E. 12th  
 20. FILED July 20 1937 M. M. Crowne  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ of \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:45 a. PM.  
 The principal cause of death and related causes of importance were as follows:  
Access of Lung  
Pulmonary  
Emphysema  
non-tuberculous  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis autopsy Was there an autopsy? ye  
 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 L  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Lewis T. Richardson, M. D.  
 (Address) 1832 Vine

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