

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.

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

Do not use this space.

AUG 11 1937

1. PLACE OF DEATH

County Jackson  
Township Howe  
City K. C. Mo. (No. St. Marys Hospital)

Registration District No. 999  
Primary Registration District No. 902

File No. 26472  
Registered No. 26472  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs Mary Frances Toman

(a) Residence, No. 2035 Penn St. Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
67 7 10

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. at home

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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Iowa

13. NAME John M. Fort

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ky.

15. MAIDEN NAME Anna Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Pa.

17. INFORMANT Pauline Benedict (ADDRESS) 2035 Penn. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 7-29 1937

19. UNDERTAKER J. J. O'Donnell Co (ADDRESS) 3256 Broadway K.C. Mo.

20. FILED July 29, 1937 M. M. Crowe, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1937

22. I HEREBY CERTIFY, that I attended deceased from July 27, 1937, to July 27, 1937. I last saw her alive on July 27, 1937. Death is said to have occurred on the date stated above, at 9:20 p.m.

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

Cerebral Hemorrhage  
82a  
Date of onset 7/27/37

Other contributory causes of importance:  
Arteriosclerosis  
Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 1

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) H. Stanley Mares M. D. (Address) 424 Professional Bldg

March