OCT 26 1937

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

Do not use this space.

35293

1. PLACE OF DEATH
County St. Louis
Township ~~Clayton~~
City Clayton (No. St. Louis County Hospital St. Ward)

Registration District No. 790
Primary Registration District No. 6033a

File No.
Registered No. 327

2. FULL NAME Harriot Tonkins
(a) Residence, No. Fee & Midland Maryland Hts. Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem.
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 Jefferson Tonkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
64	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) England

FATHER
13. NAME Geo. Haines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Anna Ready
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) husband, Jefferson Tonkins Fee & Fee, Mayrland, Hts.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Hill Cem DATE 9-14- 1937

19. UNDERTAKER (ADDRESS) Baumann Bros Inc Overland Mo

20. FILED 9-13 1937 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Jan. 23, 1873~~ 9-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-31-37, 19..., to 9-11-37, 19...
I last saw her alive on 9-11-37, 19... Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Myocardial Degeneration

Date of onset: Unknown

Other contributory causes of importance:

93C

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) [signature], M. D.
(Address) St. Louis County Hospital

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.

STATEMENT BY LICENSED EMBALMER

I, Earl F. Hilleman, LICENSED EMBALMER NO. 3501 HEREBY CERTIFY THAT THE BODY RECORDED ON THE REVERSE SIDE OF THIS CERTIFICATE WAS EMBALMED BY, me, L.E.

SIGNED, Earl F. Hilleman.

LICENSED EMBALMER NO, 3501.