

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

29 County Dade
Township D Morgan
City Dadeville Mo (No. _____)

Registration District No. 235
Primary Registration District No. 6920

File No. 45200
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Elza Toles
(a) Residence, No. _____ St., _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Dade Co Mo

FATHER 13. NAME Doyle Toles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co Mo

MOTHER 15. MAIDEN NAME Alice Asbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co Mo

17. INFORMANT (ADDRESS) Doyle Toles

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory Dade Dec 3 1937

19. UNDERTAKER (ADDRESS) Harold Toles Dadeville Mo

20. FILED Dec 3 1937 Morris Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 2, 1937
I last saw him alive on Dec 1, 1937 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Premature Birth
Other contributory causes of importance: 15A
Date of onset _____

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

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) B B Kirk _____ M. D.
(Address) Dadeville 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.

