JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 46461
Township Sugar Creek — Primary Registration District No. 5970 — Registered No. 283
City ~~Moberly~~ (No. R. F. D. Moberly St. Ward)

2. FULL NAME George W. Toombs
(a) Residence, No. R. F. D. Moberly St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lizie G. Toombs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3-1862
7. AGE: YEARS 75 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) 15 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME Thomas Jefferson Toombs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Melvina Bains
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Turner Hill, G. Daughter
18. BURIAL, CREMATION, OR REMOVAL
PLACE Eads Chapple DATE Dec 24 1937
19. UNDERTAKER (ADDRESS) Snow Funeral Home Moberly Mo
20. FILED Dec 23 1937 Ethel Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1914, to Dec 23, 1937
I last saw him alive on Dec 17, 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:
Mitral Insufficiency — Date of onset
920
Other contributory causes of importance:
31 Hemiplegia
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? No 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) L. Dickell, M. D.
(Address) Moberly 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.