

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

Do not use this space.

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001 File No. 2029
 City St Joseph (No. St Joseph Hosp) Registered No. 7 St. _____ Ward _____

2. FULL NAME Blanche Perry Toothman 355
 (a) Residence, No. 2823 1/2 00 23 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 6 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school
 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) St Joseph MO

13. NAME Leonard Toothman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph MO

15. MAIDEN NAME Nada L Martinclade

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Okla

17. INFORMANT Leonard Toothman (ADDRESS) St Joseph MO

18. BURIAL, CREMATION, OR REMOVAL PLACE St Ambrose DATE 1-3-38 19

19. UNDERTAKER Bury - Hyde (ADDRESS) 218 1/2 St

20. FILED 7-4 1938 J. H. Toothman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1938

22. I HEREBY CERTIFY That I attended deceased from 1/2 1938 to 1/2 1938
 I last saw him alive on 1/2 1938. Death is said to have occurred on the date stated above, at 6:40 P. m.
 The principal cause of death and related causes of importance were as follows:

shown due to 2nd 32 deg. burns legs to trunk
REC'D FEB 27 1938
 Other contributory causes of importance: _____
 Date of onset 1/2/38

Name of operation none 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? acc Date of injury 1/2 1938
 Where did injury occur? St Joseph MO (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In Trunk (Home)

Manner of injury explains coal oil stove
 Nature of injury Burns arms legs & trunk

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) W. J. Elam M. D.

(Address) 85 St Joseph 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.

