

REC'D MAR 14 1938

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

6135  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 85  
(b) Township St. Joseph Primary Registration District No. 1001, Registered No. 211  
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Frances Toel 400  
(a) Residence, No. 1928 Clay St. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Geo. C. Toel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 20, 1862  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
75 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.  
9. Industry or business in which work was done, as 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) Janesville,  
(STATE OR COUNTRY) Mich.

FATHER 13. NAME James C. Dutton  
14. BIRTHPLACE (CITY OR TOWN) Unk.  
(STATE OR COUNTRY) Vermont

MOTHER 15. MAIDEN NAME Agnes Dixon  
16. BIRTHPLACE (CITY OR TOWN) Unk.  
(STATE OR COUNTRY) Canada

17. INFORMANT Geo. C. Toel  
(ADDRESS) 1928 Clay St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE Feb. 16, 1938

19. FUNERAL DIRECTOR Walter M. Schaeffer  
(ADDRESS) 1302 Faraon St., St. Joseph, Mo.

20. FILED Feb. 16, 1938 A. J. H. Colby  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1937, to Feb. 14 1938  
I last saw h. or alive on Feb. 14 1938 Death is said to have occurred on the date stated above, at 10.30 A.M.  
The principal cause of death and related causes of importance were as follows:

Cancer Cervix  
Taxemia  
Secondary Anemia  
1/8 -

Other contributory causes of importance:

Cancer Cervix

Name of operation None Date of Apr 1937

What test confirmed diagnosis? Biopsy 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? No

If so, specify.....

(Signed) A. S. Cannon, M. D.

(Address) Kirkpatrick Bldg., St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Wilbur A. Kelly, Licensed Embalmer No. M. 3940

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Wilbur A. Kelly  
Licensed Embalmer No. M. 3940

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**