

REC'D MAY 10 1938

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

14473
Do not use this space.

1. PLACE OF DEATH
 (a) County Daviess Registration District No. 263
 (b) Township Jackson Primary Registration District No. 5354B
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred Life mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Roy Allen Tolen
Daviess Co. Missouri
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Madge Tolen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 3 26

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman
 9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A. Projects
 10. Date deceased last worked at this occupation (month and year) Apr. 1938 11. Total time (years) spent in this occupation 2

FATHER
 12. BIRTHPLACE (CITY OR TOWN) Daviess Co., Missouri
 (STATE OR COUNTRY)

13. NAME Geo. Franklin Tolen
 14. BIRTHPLACE (CITY OR TOWN) Daviess Co., Missouri
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Virginia Ann Holliday
 16. BIRTHPLACE (CITY OR TOWN) Adair Co., Kentucky
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Madge Tolen
 (ADDRESS) Lock Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lock Springs, Mo. DATE May 1, 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co
 (ADDRESS) Gallatin, Mo.

20. FILED Apr 29 1938
E. Minnick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to April 28, 1938.
 I last saw alive on April 28, 1938. Death is said to have occurred on the date stated above, at 12:30 PM.
 The principal cause of death and related causes of importance were as follows:
Diabetes
 Date of onset _____

Other contributory causes of importance: 59'

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? _____
 If so, specify _____
 (Signed) A. G. Minnick, M. D.
Lock Springs, Mo.
 (Address) _____

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

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

If this body is not embalmed, above space should be left blank.