REC'D JUN 8 1938

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

18244
Do not use this space.

1. PLACE OF DEATH
(a) County Greene — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 376
(c) City Springfield — (d) Street No. St. John Hosp 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nova D. Toler 4/60
(a) Residence, No. West lains, Mo. St. West Plains, Mo.
(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: Fred D Toler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 4 1891

7. AGE: YEARS 47 — MONTHS 3 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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) (STATE OR COUNTRY): West Plains Mo. 0 9

FATHER
13. NAME: T.H. Butcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 0

MOTHER
15. MAIDEN NAME: Della Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell Co. Mo.

17. INFORMANT (ADDRESS): Fred D. Toler West Plains Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Plains Mo. DATE 5-1 38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.H. Lohmeyer Springfield Mo.

20. FILED May 1, 1938 Chas A George Md Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1936, to May 1, 1938
I last saw her alive on May 1, 1938. Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus - primary	

Other contributory causes of importance: Sepsis - Terminal

Name of operation: Radium — Date of: March 31
What test confirmed diagnosis? Biopsy. 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) Joseph D James, M. D.
(Address) Springfield Mo.

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Licensed Embalmer's Statement on Reverse Side)

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, Geo

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed. Leslie Gorm

Licensed Embalmer No. 3177

P. O. Address Springfield Ma

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

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