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.

REC'D JUL 22 1938

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

Do not use this space.

22332

File No.
Registered No.

1. PLACE OF DEATH
County: Linn
Township: Locust Creek
City: Co. Infirmary (No. , St. Ward)
Registration District No. 501
Primary Registration District No. 5666

2. FULL NAME: William Harvey Newton Totten 357
(a) Residence, No. Linneus, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 11, 1863

7. AGE: Years 75 | Months 2 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
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): 1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Grundy County / Missouri. 0 9

FATHER
13. NAME: George W. Totten 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): XXXXXXXXXXX / Unknown 9

MOTHER
15. MAIDEN NAME: Sarah Ladd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): XXXXXXXXXX / Unknown

17. INFORMANT (ADDRESS): Samuel Totten / Linneus, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Baptist Cemetery DATE: 6/19/1938
19. UNDERTAKER (ADDRESS): Thorne Undertaking Co. / Linneus, Missouri.
20. FILED 7-8- 1938 Mrs Maud T. Wells Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/18/1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to June 17, 1938, I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	3/11/38
General Arteriosclerosis.	?
Other contributory causes of importance:	
Chronic Interstitial Nephritis	dec 1932

Name of operation: none Date of:
What test confirmed diagnosis: usual methods 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) Roy R. Haley M. D.
(Address) Brookfield Mo.