WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-3-35

AUG 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Morgan
Township Moreau
City Near Glensted (No. ..... St. ..... Ward)

Registration District No. 953
Primary Registration District No. 2792-6

File No. 5 25990
Registered No. .....

2. FULL NAME Carl E. Tomblinson 514

(a) Residence, No. ..... 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19-38

7. AGE YEARS MONTHS 4 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. .....
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) Morgan County

FATHER
13. NAME Joe Tomblinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County

MOTHER
15. MAIDEN NAME Lilie Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co.

17. INFORMANT (ADDRESS) Joe Tomblison Glensted, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glensted Cemetery DATE July 31 1938

19. UNDERTAKER (ADDRESS) W. F. Richards, Versailles, Mo

20. FILED Aug 3 1938 Julius R. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to July 31, 1938
I last saw him alive on July 30, 1938. Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

Cholera infantum

Date of onset

119 a

Other contributory causes of importance:

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? no
If so, specify .....
(Signed) S. N. Newton, M. D.
(Address) Versailles Mo

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