

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

Do not use this space.

REC'D SEP 14 1938

28357

1. PLACE OF DEATH  
 County BUCHANAN Registration District No. 35  
 Township WASHINGTON Primary Registration District No. 001  
 City ST. JOSEPH (No. ST. JOSEPH'S HOSPITAL) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME BERTHA TOLIN  
 (a) Residence, No. 1114 N. 6TH. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 WILLIAM TOLIN  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 27TH, 1881  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 3 17

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) COLUMBIA (STATE OR COUNTRY) MO.

MOTHER FATHER  
 13. NAME D.C. ADAM

14. BIRTHPLACE (CITY OR TOWN) SOLIN (STATE OR COUNTRY) IOWA.

MOTHER FATHER  
 15. MAIDEN NAME LIDIA PASSMORE

16. BIRTHPLACE (CITY OR TOWN) FULTON (STATE OR COUNTRY) N.Y.

17. INFORMANT WILLIAM TOLIN (ADDRESS) 1114 N. 6TH. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. OLIVET DATE AUG. 17TH, 1938

19. UNDERTAKER FLEEMAN AND SON INC. (ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.

20. FILED Aug 15 38 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 14TH, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 14, 1938.  
 I last saw h. ER alive on Aug 12, 1938. Death is said to have occurred on the date stated above, at 10.15 m.  
 The principal cause of death and related causes of importance were as follows:

Heart Disease Date of onset unknown  
92a

Other contributory causes of importance:  
arterio-sclerosis  
Edema of lungs  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. home  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ M. D.  
 (Signed) Freeman & Son  
 (Address) 211 Plum + Spr MO.

19

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Buchanan Registration District No. 80  
 (b) Township St Jo Primary Registration District No. 1001 Registered No. \_\_\_\_\_  
 (c) City St Jo (d) Street No. \_\_\_\_\_  
 (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 Bertha Tolin

(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 4 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 3 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19\_\_

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14-1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_ Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Heart Disease  
Arteriosclerosis  
Emphysema of Lungs.  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 96  
Arteriosclerosis  
Emphysema of Lungs.

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) Ernest J. Conroy, M. D.

(Address) 211 1/2 Blue & Surg Bldg.  
St Joseph

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1938

5-22957