

REC'D SEP 28 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

File No. 29921

Township St. Francois

Primary Registration District No. 6018A

Registered No. 105

City Farmington

(No. 350)

State Hospital No 4 - Ward

2. FULL NAME Henry Michel Totten

(a) Residence, No. Farmington, Route, Mo., St., Ward.

(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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Harriett Byington

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

April 10th, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

4

1

OCCUPATION

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

Freigh Car Inspector

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)

Fulton County Illinois

FATHER

13. NAME

Wm. Totten

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

Wisconsin

MOTHER

15. MAIDEN NAME

Eliza Thurman

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

Kentucky

17. INFORMANT State Hospital No. 4 Records

(ADDRESS)

Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Little Vine, Mo. DATE 8-14 1938

19. UNDERTAKER Benham Undertaking Co.

(ADDRESS)

Bonne Terre, Mo.

20. FILED Aug 12 1938

T. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

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

8-11-38 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 12, 1938, to 8-11, 1938
I last saw him alive on 8-11, 1938 Death is said

to have occurred on the date stated above, at 1:50 p.m.

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

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Simple and arteriosclerotic mental deterioration
General arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Clinical 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 _____, 1938

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) P. J. Zuer M. D.
State Hosp. #47 Farmington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, W. B. Bentham, Licensed Embalmer No. 3374

hereby certify that the body recorded on the reverse side of this certificate was
embalmed by Me L.E. _____

No. 3376 or by _____

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

Signed

W. B. Bentham

Licensed Embalmer No. 3376

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)