

NOV 15 1938

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

35153
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
(b) Township St. Joseph, Primary Registration District No. 1001 Registered No. 1049
(c) City St. Joseph, (d) Street No. 301 South 11th. 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. moa. ds.

2. PRINT FULL NAME Lillian Duckworth Tootle,

(a) Residence, No. 301 South 11th. 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 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 Wilton Tootle Jr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1872

7. AGE YEARS 66 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

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

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) Cincinnati, 1 (STATE OR COUNTRY) Ohio,

13. NAME George King Duckworth, 9

14. BIRTHPLACE (CITY OR TOWN) Unknown, 9 (STATE OR COUNTRY) Unknown,

15. MAIDEN NAME Lucy Bishop

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

17. INFORMANT Milton Tootle Jr. (ADDRESS) 301 South 11th Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann Cem. DATE Oct. 24th 1938

19. FUNERAL DIRECTOR Walter Belsale Bowman (ADDRESS) 319 So. 10th Street,

20. FILED Oct 24 1938 H. J. Reddick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1937 to Oct 21st 1938

I last saw him/her alive on Oct 21, 1938 Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Uroemic coma Date of onset 10/21/38
Chronic interstitial nephritis; lasting over two years;
Hypertension over one year.

Other contributory causes of importance: Chronic interstitial nephritis; lasting over two years;
Hypertension over one year.

Name of operation none Date of operation none

What test confirmed the diagnosis? Differential examination 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? no

If so, specify (Signed) H. J. Reddick, M. D.
(Address) 325 Charles

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.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Oct. 21, 1928

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)