REC'D DEC 21 1938

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

38450
Do not use this space.

1. PLACE OF DEATH
(a) County Adair
(b) Township
(c) City Kirksville Mo (d) Street No. Gem - Smith Hospital 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. mos. ds.

Registration District No. 4
Primary Registration District No. 3001 Registered No. 205

2. PRINT FULL NAME Albert L. Toothaker (Toothaker)
(a) Residence, No. St. Macon, Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

32

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Mary Toothaker (Toothaker)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20th 1905

7. AGE: Years 32 | Months 10 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Macon Co, Mo.

FATHER
13. NAME Andrew J. Toothaker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co, Mo.

MOTHER
15. MAIDEN NAME Mary E. Massey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo.

17. INFORMANT (ADDRESS) Mary E. Toothaker, Macon, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ten Mile Church DATE 11-16 1938

19. FUNERAL DIRECTOR (NAME) Stephens & Goodding
(ADDRESS) Macon Mo

20. FILED Nov. 15 1938 Spencer L. Freeman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1938 to Nov 14 1938
I last saw h~~im~~ alive on Nov 14 1938. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound left knee (accidental)	11-13-38

Other contributory causes of importance: 184 17

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-13 1938
Where did injury occur? Macon Co. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home farm
Manner of injury Hunting Gun shot
Nature of injury Gun shot

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M. Beaumont M. D.
(Address) Novinville Mo

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-622
Date Filed 12/16/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.