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

REC'D DEC 8 1938

39838
Do not use this space.

1. PLACE OF DEATH
(a) County Moniteau Registration District No. 577
(b) Township or (c) City Pilot Grove Primary Registration District No. 5773 Registered No. 7
(d) Street No. ____ 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 54.5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dallie Edith Tomlinson

(a) Residence, No. ____ St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1893

7. AGE: Years 45 | Months 6 | Days 8 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
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) Moniteau Co Mo

FATHER
13. NAME W J Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo

MOTHER
15. MAIDEN NAME Alcinda Jane Gist
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo

17. INFORMANT Mrs E M. Pettegrew
(ADDRESS) Latham Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Latham Mo DATE 11/17 1938

19. FUNERAL DIRECTOR (NAME) Williams & Friedmeyer
(ADDRESS) California Mo

20. FILED 11-18 1938 Nadine Latham
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, 1936 to Nov 15, 1938
Last saw h. alive on Nov. 5th, 1938. Death is said to have occurred on the date stated above, at 5:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Cause unknown)	

Other contributory causes of importance:

Name of operation None Date of ____
What test confirmed diagnosis? Urinalysis 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 ____, 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) L. L. Latham, M. D.
(Address) California Mo

(Licensed Embalmer's Statement on Reverse Side)

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 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.

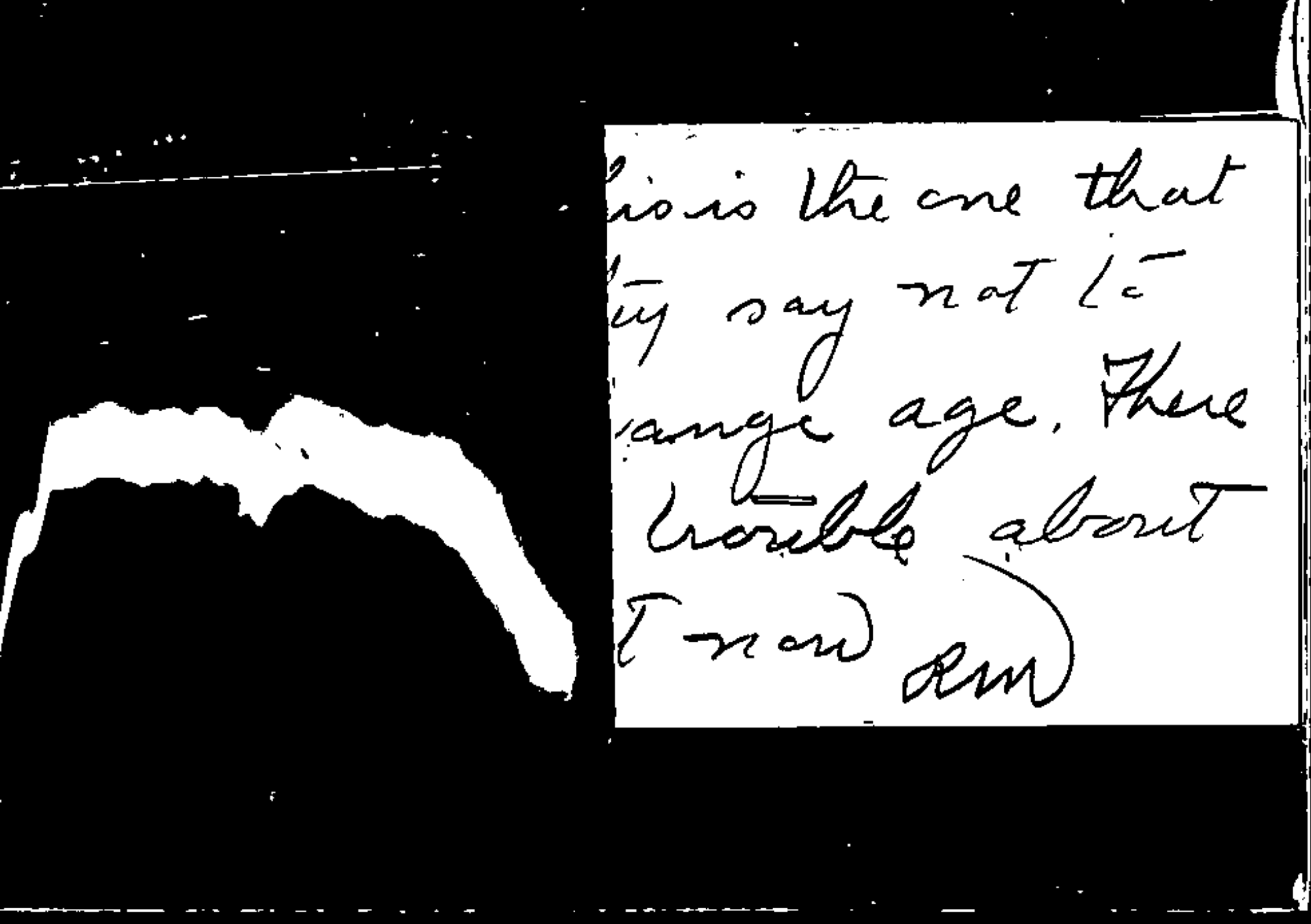
Signed J E Fredmeyer

Licensed Embalmer No. 2854

P. O. Address California Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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

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Nov 15-1939

(1938)