

REC'D FEB 23 1939

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

Do not use this space.

1. PLACE OF DEATH
41 County Harrison Registration District No. 334
Township Cypress Primary Registration District No. 5451
City 512 (No.) _____ St. _____ Ward _____
2. FULL NAME Billy Blaine Toombs
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) _____ (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.

File No. 2425
Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Near Barksy Harrison Co. Mo.
13. NAME Blaine Toombs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.
15. MAIDEN NAME Waver Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Monticello Harrison Co Mo.

17. INFORMANT Blaine Toombs
(ADDRESS) Bethany Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE 1-30-1939
19. UNDERTAKER S. M. Haas
(ADDRESS) Bethany Mo.
20. FILED 1-30- 1939 A. T. Weisling
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1939
22. I HEREBY CERTIFY That I attended deceased from Jan 29, 1939 to _____, 19____
I last saw h. _____ alive on Jan 29, 19____. Death is said to have occurred on the date stated above, at 12:05 P. m.
The principal cause of death and related causes of importance were as follows:
Stillborn.

Other contributory causes of importance:

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) C. M. Propp D.O.
(Address) Bethany 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.

