

DEC'D MAR 13 1939

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

5947  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1001  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 (c) City St. Joseph (d) Street No. 2329 S. 9th. Registered No. 158  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 32 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emma Adelia Toothman  
 (a) Residence, No. 2329 S. 9th. 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 Lewis Toothman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1855.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
83 6 27

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) (STATE OR COUNTRY) Marshalltown Iowa.

FATHER 13. NAME Ace Cordiff  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Lucy Campbell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT S.O. Martin  
 (ADDRESS) 2329 S. 9th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb. 17 1939  
St. Joseph, Mo.

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son  
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Feb. 17 1939 H. Nestlebruech  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to Feb 15, 1939.  
 I last saw him alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 9:45 AM.  
 The principal cause of death and related causes of importance were as follows:

Chronic Mitral Insufficiency.

Date of onset  
Several months  
92.0  
Several months

Other contributory causes of importance:  
Botheria

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis: Chorea 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Doctor H. Sidenfaden  
 (Address) 216 1/2 W. MO ave

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.

JUN 24 1948

JUN 25 1948

**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, .....

Elbert E. Harrington

or by \*\*\*\*\*

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

Signed *Elbert E. Harrington*

Licensed Embalmer No. 3258.

P. O. Address 1802 Union Str. St. Jos

**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.**