

REC'D APR 10 1939

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

Do not use this space.

1. PLACE OF DEATH,

County *Tennant*Township *Concord*

City

2. FULL NAME *Henry Tosh*

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred *2* yrs. mos. ds.Registration District No. *653*Primary Registration District No. *5865*File No. *11794*Registered No. *12*

St.

Ward

PERSONAL AND STATISTICAL PARTICULARS

5. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *widowed*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Francis Tosh*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 7 - 1873*7. AGE *65* YEARS MONTHS *11* DAYS *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farmer*10. Date deceased last worked at this occupation (month and year) *1938* 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*13. NAME *Don't know*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K. - 9*15. MAIDEN NAME *Don't know*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K. - 9*17. INFORMANT (ADDRESS) *Walter Tosh, Nashville, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Haystack, Mo.* DATE *Feb. 4, 1939*19. UNDERTAKER (ADDRESS) *Ray Kind, Co. Haystack, Mo.*20. FILED *Feb. 4, 1939* *J. W. Keods* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 3, 1939*22. I HEREBY CERTIFY That I attended deceased from *Feb. 3, 1939*, to *Feb. 5, 1939*. I last saw *Die before I arrived* at his said residence *at Haystack* on *Feb. 3, 1939* at *6:25 P.M.*The principal cause of death and related causes of importance were as follows: *No Diagnosis**Died Suddenly - Possibly Heart Attack*Other contributory causes of importance: *None known*

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) *W. J. Linbaugh*, M. D.*Haystack, Mo.* (Address) *586*

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.

RECEIVED

District Health Officer No. 3,

District File Number 39-222

Date Filed 3/14/39