REC'D APR 20 1939

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

Do not use this space.

File No. 12044

Registered No. 213

89 6 1

1. PLACE OF DEATH

County Ray 2

Township 1

City Richmond (No. 515, St., Ward)

Registration District No. 744

Primary Registration District No. 3835

2. FULL NAME Charles Tomlinson

(a) Residence, No. Richmond Mo 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **********

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner

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) Moberly, Missouri Mo. 0

FATHER

13. NAME James Tomlinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky 1 0

MOTHER

15. MAIDEN NAME Martha Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, Missouri Mo.

17. INFORMANT (ADDRESS) Mrs. C. B. Cutler Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marceline, Mo. DATE Mar. 10, 1939

19. UNDERTAKER (ADDRESS) E. Thurman Richmond, Mo.

20. FILED Mar. 31, 1939 Mabel Jackson Dep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9. 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1939, to Mar 9, 1939

I last saw h. alive on Mar 9, 1939. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? P. E. 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? Yes

If so, specify Coal miner

(Signed) H. W. Garfield, M. D.

668 (Address) Richmond 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

BOM-VO-22-38 I X9314

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4/4/34