

REC'D JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

21 County Chariton Registration District No. 171
Township Wagonville Primary Registration District No. 4100
City Wagonville (No.) St. Ward) 18345

2. FULL NAME Mary E. Tolson

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Steve Tolson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8th 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 9 5

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

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) Wagonville Mo. 0

13. NAME Ward J. J. J. 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagonville Mo. 0

15. MAIDEN NAME Lena Hayes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagonville Mo.

17. INFORMANT Jena J. J. (ADDRESS) Wagonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagonville DATE May 16 1939

19. UNDERTAKER Kyle J. J. (ADDRESS) Wagonville

20. FILED 5716 19 39 Mr. Ray Sandra Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1939

22. I HEREBY CERTIFY, That I attended deceased from May 12 1939, to May 13 1939
I last saw her alive on May 12 1939. Death is said to have occurred on the date stated above, at Wagonville m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

g. J. W.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical. 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) Carl C. Heger, M. D.
(Address) Wagonville, Missouri

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. 8,
District File Number
Date Filed 6/2/39