

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.

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

31910

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1001
(b) Township Saint Joseph Primary Registration District No. 1001 Registered No. 957
(c) City Saint Joseph (d) Street No. Saint Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Alice Tolin

(a) Residence, No. Hall, Missouri St. ☐ Hall mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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—James Tolin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1886

7. AGE YEARS 53 MONTHS 5 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) February 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri

13. NAME Fred Lattner

14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Emma Gass

16. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri

17. INFORMANT Thomas Tolin,
(ADDRESS) Hall, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery DATE Sept. 18, 39

19. FUNERAL DIRECTOR (NAME) E. R. Sidenfaden F. Hom
(ADDRESS) 602 South 10th Street

20. FILED 9/18 19 39 H. Neillebach
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 16, 1939

22. 8/11/39 HEREBY CERTIFY, That I attended deceased from 19 to 9/15/39, 1939

I last saw her alive on 9/15, 1939 Death is said to have occurred on the date stated above, at 6:17 A.M.

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

Diabetes mellitus

Date of onset

Other contributory causes of importance:

Jawane +
Infection leg

Name of operation an pylorus Date of 8/29/39
What test confirmed diagnosis? stab 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 Jacob Kyloushinski, M. D.
(Signed) St. Joseph, Mo.
(Address)

(Signed Embalmer's Statement on Reverse Side)

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, & by.....

.....Mollie E. Sidenfaden....., Registered Apprentice No. 145
working under my personal supervision.

Signed.....

Theron D. Smith

Licensed Embalmer No. 3928

P. O. Address 602 South 10th Street

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.