

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

35504
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1000 Registered No. 1016
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospt. St.
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Betty Jean Toot
718 Thompson St.
 (a) Residence, No. 718 Thompson St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 25, 1935</u>				
7. AGE	YEARS <u>4</u>	MONTHS <u>0</u>	DAYS <u>10</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child</u>			
	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) <u>St. Joseph Missouri</u> <u>0</u>				
FATHER	13. NAME <u>Harold Toot</u> <u>00</u>			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Half Rock Missouri</u> <u>0</u>			
MOTHER	15. MAIDEN NAME <u>Violet Burkart</u>			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>St. Joseph Missouri</u>			
17. INFORMANT <u>Harold Toot</u> (ADDRESS) <u>718 Thompson</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newark</u> DATE <u>Oct 6, 39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Clark Mortuary</u> (ADDRESS) <u>5025 King Hill Ave.</u>				
20. FILED <u>1816</u> 19 <u>39</u> <u>W. H. Hatcher</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Oct. 5, 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>10-6-</u> 19 <u>39</u> , to <u>VIOLATED</u> 19 <u>39</u> I last saw h. <u>alive on</u> 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>6:15 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Injuries Received as a pedestrian when struck by an auto</u> Date of onset <u>7-10-39</u> Other contributory causes of importance: <u>None</u>	
Name of operation	Date of
What test confirmed diagnosis	Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence) list in also the following: Accident, suicide, or homicide Date of injury <u>10-5-39</u> Where did injury occur? <u>at garage</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>public place</u> Manner of injury <u>struck by auto</u> Nature of injury <u>fractured skull</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signify) <u>B. H. Tudlock - coroner</u> , M. D. (Address) <u>King Hill Rd</u>	

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

V. S. No. 2.
30M-9-19-38
I X15605

MARGIN RESERVED FOR BINDING

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.

1939 NOV 20 1939

1154

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, or by ~~xxx~~ Oct. 5, 1939

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

Signed

Earl Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

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.