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

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.

I X9314

FILED FEB 13 1940

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

Do not use this space.

1. PLACE OF DEATH
County St. Francis. Registration District No. 773 File No. 3606
Township Farmington. Primary Registration District No. 4464 Registered No. 3
City (No. St. Ward)

2. FULL NAME Malinda Tollock.
(a) Residence, No. #301 Long St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed (Husband not Known)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1855.
7. AGE YEARS 85 84 MONTHS 11 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Missouri. 0

FATHER
13. NAME Washington Shores. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 1

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

17. INFORMANT (ADDRESS) Elmer Amonet. Farmington Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ironton Mo DATE Jan. 5, 1940
19. UNDERTAKER (ADDRESS) Richardson Funeral Home. Farmington Mo.
20. FILED Jan 4, 1940 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1940
22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1939, to Nov 11, 1939
I last saw her alive on Nov 11, 1939. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	

Other contributory causes of importance: 97

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?
If so, specify
(Signed) R. Applebury, M. D.
(Address) Farmington Mo
6 99

Embalmer. Paul K. Dugal, Farmington, Mo.

License No. 4120