

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.

FILED MAR 5 - 1940
 MAR 5 - 1940

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

Do not use this space.

1. PLACE OF DEATH
 County St. Charles Registration District No. 757
 Township _____ Primary Registration District No. 3036
 City St. Charles (No. St. Joseph's Hospital) St. _____ Ward _____

File No. 7946
 Registered No. 45

2. FULL NAME Thomas Joseph Toner
 (a) Residence, No. South Side Hotel St. _____ Ward Wentzville, Missouri
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) Alma Toner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
64 0 19
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
 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) Feb. 20, 1940 11. Total time (years) spent in this occupation 32 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1940
 22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1940 to 2/22, 1940
 I last saw him alive on 2/21, 1940 Death is said to have occurred on the date stated above, at 6:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial infarction secondary to
arteriosclerosis
 Date of onset 1938
 Other contributory causes of importance: 34
 Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
 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) B. L. Harbison M. D.
 (Address) St. Charles, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Wisconsin
 13. NAME Thomas Toner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Pa.
 15. MAIDEN NAME Ella Ragadon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Wisconsin
 17. INFORMANT Mrs. Alma Toner
 (ADDRESS) 1116 Wilmington-St. Louis Mo
 18. BURIAL ~~PLACEMENT OF BODY~~
 PLACE New SS. Peter & Paul 2/26/40
 19. UNDERTAKER Oscar J. Hoffmeister
 (ADDRESS) 4016 Chippewa St. St. Louis
 20. FILED 2/23 1940 Clarence B. Neesler
 Registrar

