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.

FILED APR 12 1940

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

Do not use this space.

10485

File No.

Registered No. 12

1. PLACE OF DEATH
County Callaway
Township Auxvasse
City Portland (No. 2 St. Ward)
Registration District No. 105
Primary Registration District No. 5155

2. FULL NAME 520 Mary Susan Toomes
(a) Residence, No. as above 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 white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert E. Toomes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1863
7. AGE YEARS 76 MONTHS 9 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Cedar County Missouri, O

FATHER
13. NAME DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK. 9

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK 9

17. INFORMANT (ADDRESS) W. M. Toomes Portland, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Portland, Mo DATE March 22, 1940
19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton, Missouri
20. FILED 3-22 1940 W. H. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1940, to 3-20, 1940
I last saw her alive on 3-19, 1940 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis with Cardiac Asthma	
9 P	

Other contributory causes of importance:
Anemia & general Edema due to Cardiac weakness.

Name of operation Date of
What test confirmed diagnosis? 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) W. O. Payne M. D.
(Address) R#6 Fulton Mo.