FILED FEB 17 1941

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2408

Registration District No. 250 Primary Registration District No. 5348 Registrar's No. 5

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Union Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 Miles N.E. Gallatin, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town "Rural" Union Township (If outside city or town limits write "RURAL")

(d) Street No. 8 Miles N.E. Gallatin, Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ada Tolbert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W. Tolbert

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased September (Month) 24 (Day) 1863 (Year)

8. AGE: Years 77 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Samuel D.B. Poage
13. Birthplace Green Briar Co. (City, town, or county) West Virginia (State or foreign country)

MOTHER
14. Maiden name Sallie Allen
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant John W. Tolbert
(b) Address Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Furn. Mud. Co.
(b) Address Gallatin, Missouri

19. (a) 1-25-41 (Date received local registrar) (b) H.G. Hope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1941 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1/13/41, 19__, to 1/24/41, 19__; that I last saw her alive on 1/24/41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Bronchopneumonia (Convalescing)	6 days
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	15 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Gallatin Mo Date signed 1/25/41

(Licensed 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, ~~or by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed L. O. Pickerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.