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

Do not use this space.

17201

1. PLACE OF DEATH
County: Saline
Township: Marshall
City: ~~Marshall~~ (No. ..... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 6039

File No. .....
Registered No. 68

2. FULL NAME: Noah Augustus Toulouse

(a) Residence. No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 3, 1914

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 12 | 6 | 5 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Plattin
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Noah A. Toulouse
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Plattin
(STATE OR COUNTRY) North Dakota
12. MAIDEN NAME OF MOTHER Anna Lindsay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mapleton
(STATE OR COUNTRY) North Dakota

14. INFORMANT Record of Mo. State School
(Address) Marshall, Mo.

15. FILED 5/9, 1927 [signature] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1927, to May 7, 1927 that I last saw him alive on May 7, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23AA
25
(duration) Several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Tuberculosis
(duration) Several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. P. Crank, M. D
May 8, 1927 (Address) Mo. State School, Marshall Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lesota Mo.
DATE OF BURIAL: May 10 1927

20. UNDERTAKER: Vandiner-Leist
ADDRESS: Marshall Mo

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.