R 23 1929

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

Do not use this space.

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 9567

Township — Primary Registration District No. — Registered No. 426

City St. Joseph, (No. 2011 Highland Avenue St. Ward)

2. FULL NAME Joseph A. Tomlin,

(a) Residence. No. 2011 Highland Ave., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. 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	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 8, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	7	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lithographer,

(b) General nature of industry, business, or establishment in which employed (or employer) Printing Co.

(c) Name of employer Combe Printing Co.

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9. BIRTHPLACE (CITY OR TOWN) Platte County, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Thornton Tomlin,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jackson Co., (STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Mary Allen Saunders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Platte County (STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. J. A. Tomlin (Address) 2011 Highland Avenue,

15. FILED MAR 30 1929, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29, 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/28, 1929, to 3/29, 1929, that I last saw him alive on 3/29, 1929, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Interstitial Nephritis

131 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & History

(Signed) B. W. Tadlock, M.D.

3/29, 1929 (Address) St Joseph 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 Mt Auburn ~~Fold~~ Cemetery — DATE OF BURIAL Mch. 31 1929

20. UNDERTAKER Heaton-Bergold & Bowman by J. H. Harle — ADDRESS 519 S. 10 St. Funeral Home

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.