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

Do not use this space.

5259

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw. — Primary Registration District No. 1002 — Registered No. 417
City K. C. (No. 923 Holmes St. Ward)

2. FULL NAME Mathew. Foster. Toler
(a) Residence. No. 923. Holmes, St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	W.	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable. Amelia Toler.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 - 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	60	8	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Advertising
(b) General nature of industry, business, or establishment in which employed (or employer) Copy Writer.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

PARENTS
10. NAME OF FATHER Hooper G. Toler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Richmond Virginia
12. MAIDEN NAME OF MOTHER Sallie Frame
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

14. INFORMANT Mabel A. Toler
(Address) 923 Holmes St

15. FILED 2/27 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH Tuesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25 1930.

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19.., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary hemorrhage
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
(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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M. Hall, M. D.
2/25, 1930 (Address) Deputy Coroner

*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	DATE OF BURIAL
Wichita Kans	Feb. 28 1930
20. UNDERTAKER	ADDRESS
Eylar Funeral Home	K. C. Mo.