

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township Washington
City (No.)

Registration District No. 875
Primary Registration District No. 6162

File No. 18397
Registered No. 110
St. Ward)

2. FULL NAME

John G. Totten
(a) Residence No. State Hosp No. 3 Nevada, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 2 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Henderson
(STATE OR COUNTRY) Ky.

10. NAME OF FATHER Coneal Totten

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Mart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

14. INFORMANT Hosp. Record.
(Address) Nevada, Mo

15. FILED 6/4/30 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1927, to May 29, 1930, that I last saw him alive on May 29, 1930, and that death occurred, on the date stated above, at 5 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930
102 (duration) 3+ yrs. mos. da.
CONTRIBUTORY Senile Dementia
(SECONDARY) (duration) 4+ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) Staff State Hosp No 3, Nevada, Mo
5/29, 1930 (Address) Nevada, 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 Hospital Cemetery DATE OF BURIAL 5/31 1930

20. UNDERTAKER Ferny Funeral Home Nevada

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.

6.3.3.3